

**AN EVALUATION OF THE UNAIDS
BEST PRACTICES COLLECTION:
ITS STRENGTHS AND WEAKNESSES,
ACCESSIBILITY, USE AND IMPACT**

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For UNAIDS

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EXECUTIVE SUMMARY

Background

The development of the UNAIDS Best Practices Collection (BPC) commenced in 1996 as one of the means of fulfilling a UNAIDS strategic objective relating to the identification, development and advocacy of international best practice. An evaluation was conducted during 1999.

The general purpose of the evaluation was to give an account of the effectiveness, relevance and efficiency of the BPC including the processes for identification, development, review, production and dissemination of Best Practice (BP) materials. Findings are reported against the terms of reference. This information could be used by UNAIDS to make decisions about the best ways to manage the programme in future. It was not, however, part of the evaluation brief to produce specific recommendations.

An evaluation framework using program logic was used to design the evaluation. Methods of data collection included:

- analysis of administrative records for information about development, production and distribution of BP materials;
- telephone interviews by 3 trained interviewers with a stratified random sample of 164 individuals (English, French and Spanish speaking) on the mailing lists used for distribution of BP materials; and
- face to face interviews by the evaluator with 22 Geneva based Secretariat staff.

Evaluation findings

The BPC reaches about 1300 people across the globe through the mailing lists used for distribution and most pass them on to others in either original or adapted form, thereby producing a multiplier effect. Some people would like considerably more copies to enable further distribution. However, most people report no difficulty in obtaining the materials. They have received additional copies from UNAIDS when they requested them for a particular item.

Some recipients of materials do not fully appreciate their role in distributing materials. There may be a need to reinforce that distribution role (as well as the development and feedback roles) in the terms of reference of those individuals (e.g. CPAs) or organisations that are in some way accountable to UNAIDS (e.g. Technical Resource Networks and Collaborating Centres).

Overall the UNAIDS approach to using amplifiers to distribute materials is moderately effective. There is potential to expand in-country distribution but this is unlikely to happen without an injection of resources for that purpose.

Those who receive the BP materials through the BP mailing lists appreciate their quality and user friendliness, and the topics they address. The BP materials perform an important and useful role not served by other materials. They are valued by many because they are seen as authoritative even though with the current UNAIDS definition of BP, not all documents could lay claim to being authoritative. The evaluation findings strongly endorsed the value adding role of the BPC.

The only aspects of the collection about which several interviewees commented adversely were the need for more materials to be in languages appropriate to their needs and the need for more regionally and culturally relevant examples.

The BPC materials are being used to varying degrees by most interviewees to contribute to expanded responses to the epidemic at the levels at which they operate: country, regional or global. More than 70% of all interviewees reported having used BP materials for one or more purposes and most were able to give examples of use.

Reported purposes of use by UNAIDS interviewees were:

- to meet requests for information (88%)
- for self-education, and keeping up to date (84%)
- for awareness raising (82%)
- for advocacy (78%)
- to develop and change policies, plans, programmes or projects (76%)
- for teaching others (72%).

The full range of materials were cited as having been used although there tended to be more examples of use of Technical Updates and Points of View relative to the number of such publications included in the collection. Reports on the status of the epidemic and strategic planning documents were also frequently cited as useful.

While most interviewees could comment on how they had used BP materials, they were unsure about what impact those uses had had. Only a small percentage of interviewees could confidently attest to direct impacts of the use of UNAIDS materials on awareness and commitment (29% of interviewees), actions taken to reduce transmission of HIV/AIDS and STDs (16%) and actions taken to improve care and support (15%).

Issues for consideration by UNAIDS

Arising from the evaluation, the major issues to be addressed by the Secretariat concern:

- The policy vacuum within which the BP materials are currently identified, developed, reviewed, produced and distributed and the need to develop a strategy with clear accountabilities and resources for all aspects at all levels of UNAIDS.
- The lack of clarity in practice as to whether BP refers to the content of the collection or its purpose, whether the BPC should incorporate both authoritative and clearinghouse components and how the components might be distinguished from each other and marketed. Resolution of these issues has significant implications for future processes of identification, development, review, production and distribution. Several of the concerns expressed about the way these processes currently operate reflected ambivalence about the concept of BP.
- Whether the current level of market penetration is satisfactory, and if not, whether UNAIDS is prepared to make the resource allocations and policy decisions needed to achieve wider distribution of materials. A number of options for expanding distribution at the country level are suggested in the evaluation.
- The need to facilitate directly or indirectly the development of regionally relevant and culturally sensitive materials and translations into local languages.
- Whether, given their relative popularity, more effort and resources should be applied to the development of Technical Updates and Points of View.
- The need to continue to reduce the total duration of development and production time, currently running at more than 12 months for many materials.

- The need to develop greater commitment to the BPC within the Secretariat in Geneva. This may come as a consequence of ironing out some of the frustrations with the lack of clarity about the concept of BP, the duration of the processes, and the scope of the collection. In the meantime, the BPC may also need to be given higher profile and status within UNAIDS.

CHAPTER 1

INTRODUCTION

1. Background to the evaluation

1.1. *History and description of the programme*

The original mandate for the Best Practices Collection came from a decision in 1994/24 by the Economic and Social Council that established UNAIDS. It determined as one of the objectives of the programme "to achieve and promote global consensus on policy and programmatic approaches". Within the UNAIDS strategic plan for 1996-2000, the identification, development and advocacy of international best practice was defined as both a medium term objective and a strategic area. The development of best practice was also seen as a means of assisting UNAIDS to develop policies.

While the term 'international best practice' was originally used it soon became apparent that best practices were often situation specific rather than totally internationally transferable. This realisation led to a shift in aspirations from the identification of international best practices to the identification of what could be described as local and national best practices.

The identification, development and advocacy of international best practice is one of the four strategic objectives of UNAIDS. It consumes approximately one quarter of the budget of the UNAIDS Secretariat. The Best Practices Collection is one part of the overall best practices initiative which increasingly also involves exchange of practices by means other than documentation, electronic and audio-visual media. While the scope of this evaluation is limited to the Best Practices Collection it is important to consider the role of that collection in the overall best practices initiative.

Best Practice (henceforth BP) materials were originally considered as reference tools. However they soon became part of what has now become known as the Best Practices Collection (henceforth BPC). Within this collection, various categories of materials were developed to address different types of needs including use for advocacy, use for development of policies and programmes, use for education. The different types of materials included in the BPC and the numbers of each during the evaluation are as follows:

- UNAIDS Points of View (9)
- Technical Updates (16)
- BP Case Studies (6)
- Presentation Graphics (6 available from the web)
- Key Materials (63)
- World Aids Campaign (WAC) and general documents (6).

Processes for generating and reviewing the BP resources differ according to the type of material.

It is noteworthy that while the BPC had twin aims relating to policy development and country support it has been developed as part of the responsibility of Policy Strategy and Research Department rather than as part of the Department of Country Planning and Programme Development. Recently the management and staff of the programme have been considering ways of more actively bringing in the perspectives of other departments.

Many expectations and demands have been placed upon the programme since its inception and for the most part the BP programme has endeavoured to respond to all demands. There has also been an imperative to produce many materials covering many topics. The responsiveness of the programme to requests has also placed increasing pressure on its resources making the setting and agreement about priorities even more important.

Those responsible for the BPC have in the meantime been endeavouring to take a more focused approach to addressing priorities for BP materials thereby trying to avoid the scattergun approach that may be seen to have characterised the BPC to date. Setting priorities has become important not only in the interests of providing the types and topics of materials that are most needed but also as a means of managing the limited resources available for the ever increasing demands on the programme.

1.2 *What gave rise to the evaluation and why at this time?*

The decision to conduct an evaluation at this time has been motivated by a number of considerations:

1. Given that the BPC consumes a significant portion of the UNAIDS budget it is critical that its usefulness and cost-effectiveness be demonstrated.
2. There is now a sufficient critical mass of materials to make it reasonable to ask questions about the effectiveness, efficiency and relevance of those materials. The programme has been established long enough to obtain information about whether and how the intended audiences are receiving and using the materials, the factors that affect receipt and use and the implications of this information for the way in which the programme functions in future.

It may be too early to demonstrate the impact of the materials in terms of the very highest levels of impacts to which UNAIDS as a whole aspires to contribute. Indeed because of the minor role that such materials can be expected to play relative to other factors (UNAIDS and non-UNAIDS related factors) it may never be feasible to tease out the impact at those highest levels other than by means of particular examples that come to hand. The evaluation can nevertheless seek examples of situations in which BP materials have played a role (if only minor) in bringing about impacts.

3. Weak feedback loops from end users and intermediaries concerning the value of the materials in the collection mean that feedback is at best haphazard and at worst non-existent. A more structured approach to collecting that information is now necessary. This evaluation will lay the groundwork for a more structured approach.

4. There is a perception that the programme has been largely reactive and driven by available resources rather than based on needs assessment. It is possible that it has become a supply driven rather than a demand driven programme. This makes it difficult to determine to what extent the collection contributes to the needs of end users and the overall thematic priorities of UNAIDS.

Concerns have been expressed about difficulties in motivating people at all levels of UNAIDS and the Cosponsors to take a pro-active approach to the identification of BP and to engage grass roots service providers and policy makers in that process. These difficulties may have contributed to the perception by some that the programme is supply driven rather than demand driven. The evaluation further investigates these perceptions from a range of stakeholder perspectives.

5. Moreover as increasing demands are made in relation to the collection without a commensurate increase in resources it will be important to determine which types of BP materials are most useful and which should perhaps be replaced by other approaches to the sharing of BP and facilitating learning. The documents serve multiple purposes (advocacy through to practical guides) and it is possible that some purposes are more effectively met by the collection than others.

In addition, there may be further scope for taking a range of different approaches to production and dissemination for different types of materials and different topics rather than a 'one size fits all' approach (e.g. some materials only on web and produced on print at special request). At the same time the role of the collection in relation to other ways of encouraging the exchange and use of BP needs to be considered.

6. Questions have been raised about the concept of 'Best Practice' and the implications of the way in which the concept is used for the role of UNAIDS Secretariat. Should the Secretariat be playing a quality control role or a role of brokering exchange, a clearinghouse role? Resolution of this issue is particularly important given the amount of resources currently consumed by reviewing materials (quality control) and the attendant delays in disseminating information. Moreover the fact that there is much pressure from amplifiers for more assistance from UNAIDS in relation to distributing materials begs the question of the appropriateness of the current distribution of effort between review and distribution.

Recent re-iteration of the concept that BP is about lessons learned and not just about ideal performance opens the way for a reduction in effort spent on quality control but presents problems in terms of perceptions of users about what is meant by 'best practice'. Some have also expressed the view that materials coming from UNAIDS should be authoritative and that in order for this to happen the more traditional use of the term 'best practice' should be rigorously applied. There is a risk that end users will consider that the materials portray BP as endorsed by UNAIDS rather than 'lessons learnt'. The evaluation will further investigate these issues from a range of stakeholder perspectives.

7. The effectiveness of the BPC in terms of reaching and informing the practices of intended end users relies heavily on the co-operation of the Cosponsors and UNAIDS staff at all levels. Doubts have been expressed about the clarity with which these roles have been defined and accepted by all parties and the impact of this lack of clarity and commitment on the effectiveness of the programme from the point of identifying BP right through to end use.

The evaluation will further investigate perceptions about the roles of various stakeholders and how these roles are exercised.

2. Purposes of this evaluation

2.1 *How might the evaluation be used?*

The primary purposes of this evaluation were to give an account of the effectiveness, relevance and efficiency of the BPC including the processes for identification, development, review, production and dissemination and to make decisions about the best ways to manage the programme in future. In addition, positive examples of use of the BP materials documented through the evaluation should be useful for purposes of promoting the programme and its products. They may also provide a springboard for the identification and development of further BP materials or other opportunities for exchanging BP.

Specific decisions that may arise from the evaluation relate to the following:

- changes that might be needed to improve access to and use of BP materials;
- allocation of resources to BP compared with allocation to other UNAIDS activities;
- the types of information that should be collected in future for purposes of routine monitoring of the effectiveness, efficiency and relevance of the BPC;
- where the BPC can most productively apply effort and resources to effectively complement the other approaches to exchange of BP and to add value to other activities of UNAIDS and global efforts more generally;
- future quality control processes and criteria;
- the most effective and efficient distribution of resources amongst the processes of identification, development, review, production and dissemination of BP materials;
- how to clarify and secure commitment to the role of Cosponsors and other amplifiers (especially UNAIDS and UN system) in identifying, developing, disseminating and promoting BP.

Note however that while various decisions might arise from this evaluation, the brief for this evaluation report did not include a requirement to produce recommendations. It was considered that it would be better if detailed recommendations were prepared internally in response to the report. This report is primarily about perceived strengths and weaknesses of the collection, focusing on access to, use of and impact of materials and the factors that affect access and usefulness including processes of development, review, production and distribution.

As might be expected there are many conflicting views about the collection and about how it might be improved. These different views are presented as important in their own right without attempt to reconcile the differences. Suggested improvements may not be feasible but they are drawn to UNAIDS attention so that it can assess their feasibility. The report identifies issues that need to be resolved by UNAIDS in the light of evaluation findings without proposing how those issues should be resolved.

The evaluation of the BPC will contribute along with other evaluations to an evaluation of UNAIDS as a whole.

2.2 *Who will use the evaluation?*

The evaluation can be expected to be of interest not only to the management and staff of the BPC but also to UNAIDS management and staff as a whole, the UNAIDS Programme Co-ordinating Board, CPAs, the Cosponsors and others upon whom the identification, development and dissemination of BP materials depends so heavily. Examples of impact of the BP materials should be of interest to a wide cross section of UNAIDS staff for purposes of promoting the BPC.

End users of BP materials, while they may not be interested in the findings of the evaluation, are ultimately the intended beneficiaries of decisions arising from the evaluation. Their interests have been considered throughout the evaluation. To this end, a programme logic (see Appendix 1) with a hierarchy of intended outcomes focused on target audiences for the BPC provides the framework for the development of the evaluation plan.

3. Terms of reference

Terms of reference have been derived from a combination of factors including concerns that have been expressed about the programme and the programme logic (see Appendix 1) which also identified aspects of the programme about which uncertainties and concerns existed. The following issues are to be examined as part of the evaluation in order to contribute to the various decisions identified above.

1. How effective is the BPC in terms of the extent to which it:
 - reaches its target audiences? (level 2 of the programme logic)
 - is understood and appreciated by its target audiences? (level 3 of the programme logic)
 - is used by its target audiences for a variety of purposes that have the potential to contribute to more relevant, effective, efficient, equitable and sustainable responses at all levels? (levels 4 and 5 of the programme logic).
2. Are some types of BP materials more effective than others in terms of target group awareness, reach, appreciation and use? Is the use of BP materials more effective in relation to some purposes than others (e.g. use for advocacy versus use for planning)?
3. What are the primary factors that affect the effectiveness of the BPC with respect to development and dissemination of high quality, up to date and potentially useful BP materials (level 1 of programme logic), target group awareness, reach, appreciation, use and impact? The following factors are considered:
 - the concept of BP as it is used in relation to the BPC;
 - the processes for identifying, developing/modifying/producing and reviewing materials;
 - distribution processes – use of amplifiers, modes of dissemination
 - the distribution of resources amongst the various stages of identification, production and dissemination.
4. To what extent does the BPC complement and add value to other UNAIDS strategies?
5. Are the current objectives and priorities realistically achievable given available resources including:

- BP staff resources;
- other UNAIDS resources and deployment of those resources; and
- Cosponsor resources and deployment of those resources?

4. Scope of the evaluation

The scope of the current evaluation is limited to the BPC which includes all materials produced and/or distributed by UNAIDS, primarily those listed on the order form. It does not include documents that are produced and distributed elsewhere. In addition, while WHO/GPA materials produced prior to the commencement of UNAIDS are included in the collection they are not a focus of this evaluation.

For the purpose of this evaluation, two groups of target audiences have been considered and it is from these target audiences that information has been primarily collected. Information has also been collected from BPC management and staff.

The two broad groups of target audiences are i) amplifiers and mediators (who are also users) ii) other ultimate users who will be reached primarily through amplifiers. Within those two groups there are several sub-groups as follows:

i) Amplifiers and mediators (those on the mailing lists for the Collection)

- Departments: Geneva
- CPAs, NPAs, ICPAs, ICTAs
- Theme group chairs
- Cosponsors – global
- Cosponsors - other
- National focal points
- National AIDS Programme directors
- Programme Co-ordinating Board
- Donors - top leadership
- Other key partners e.g. NGOs and Business

All of the above are potentially both amplifiers and users.

ii) Other users (to be reached through amplifiers)

- Field workers - health, education, social workers
- Community/volunteer sector - peer educators, family care providers etc
- District and province managers
- Business community / private sector
- National leaders and role models
- Vulnerable populations.

Some target audiences are members of both groups in different capacities e.g. Cosponsors at the national level may be both amplifiers and ultimate target audiences.

CHAPTER 2

METHODOLOGY

1. Information to be collected to address the terms of reference

Information requirements have been identified and methods of data collection have been developed using the outcomes hierarchy shown in figure 1 and the full programme logic developed for the programme (see Appendices 1 and 2). The programme logic was developed through a workshop process with BP and Monitoring and Evaluation staff of UNAIDS. The full evaluation plan was developed in consultation with the Associate Director, PSR with responsibility for the BPC. Other Senior Staff contributed to the evaluation through individual and group interviews during which they had an opportunity to raise issues of concern.

The hierarchy of outcomes¹ provides a structure for reporting the findings:

- Chapter 3 addresses level 1 in the outcomes hierarchy
- Chapter 4 addresses level 2 in the outcomes hierarchy
- Chapter 5 addresses level 3 in the hierarchy
- Chapter 6 addresses levels 4 and 5 in the hierarchy

Chapter 7 - Conclusions - pulls together the findings to address the terms of reference.

2. Sources and methods of data collection

The following methods were used to collect information for the evaluation:

Administrative records:

These provide data concerning such aspects as:

- composition of mailing lists and implications for distribution of BPC materials
- numbers and types of requests, time to meet requests (see Appendix 3 for categories used to analyse requests for BP materials). Every third request received in the 6 month period from December 1998 to May 1999 was analysed. Some 201 requests were analysed.
- development and production processes (see Appendix 4 for categories used to report on development and production processes for BP materials). The sample consisted of
 - 10 of the 24 Key Materials developed and distributed by UNAIDS in 1998 and 1999
 - Documents that were joint publications were excluded from the sample.
 - All 6 Case Studies that had been developed by end of May 1999.
 - 8 of the 16 Technical Updates included in the BPC
 - 4 of the 9 points of views included in the BPC
 - 3 of the 6 World Aids Campaign and general documents included in the BPC.

The data were provided by BP staff drawing on information from a variety of sources. The information was used in conjunction with interviews with BP staff.

¹ The outcomes hierarchy has been slightly adapted from the one initially developed but the information sought through this evaluation remains the same.

Appendix 5 comments on the strengths and weaknesses of the administrative data and the analyses of them. It is to be hoped that the tools developed for the evaluation may be adapted as necessary and used on an ongoing basis for monitoring the BPC especially with respect to development and production processes and meeting requests.

Telephone interviews of intended amplifiers and users of BP materials:

Interviews were conducted with a total of 164 individuals by 3 trained interviewers using the interview schedule attached at Appendix 6. The interview schedule had been pre-tested with a total of 15 interviewees and modified accordingly. Two versions of the interview schedule were used :

- i) the complete version used with interviewees that were directly associated with UNAIDS (Secretariat staff in regions and countries, Cosponsor staff with designated UNAIDS responsibilities at global, regional and country levels)
- ii) a shorter version for non UNAIDS interviewees who would nevertheless be expected to use BPC materials and/or distribute them to others (e.g. National Programme Managers, donors) as well as UNAIDS Secretariat staff in Geneva, most of whom did not see their role as a mediator or amplifier.

The median length of interview was 30 minutes. However, some interviews were considerably shorter and some lasted for an hour or more. Some interviewees were reported to have found the interview too long but interviewers reported that most appreciated the opportunity to participate.

The interview schedule sought both quantitative and qualitative information. Many questions were asked as open-ended questions but were accompanied by a structured response format for use by the interviewer to classify and record responses. As needed interviewers could reflect back to interviewees the categorisation they had made of the interviewee's response to ensure that they had correctly interpreted the intent of the answer.

It is never possible to entirely eliminate all differences in interpretation of questions by the respondents and misinterpretation of answers by the interviewer. However the method employed in this evaluation allowed interviewers to probe answers that were ambiguous, to rephrase questions as needed to obtain the required information and to confirm intended responses with the respondent as needed. This approach combines the advantages of quantitative and qualitative approaches. It should therefore be noted that if the instrument were to be used as a mail survey without the benefits of the interview process then it would need to be considerably adapted in the light of the experience of the interviewers concerning occasional alternative interpretations of some questions.

One of the strengths of interviews as a data collection method is that they present opportunities to customise interviews in response to feedback from interviewees. To maximise the use of these opportunities, interviewers were given the discretion of not asking particular questions if they believed the answer had already been given in an earlier question. However, when this occurred interviewers were asked to reflect back to interviewees what they believed would be their response to later questions in the light of response to earlier questions and to seek confirmation that they had correctly interpreted interviewees' perspectives.

For example, when asked about whether they adapt Best Practice materials an interviewee might comment not only on the fact that s/he had adapted the material but also on how the material had then been used (e.g. for teaching). The latter information would then be relevant to a later question on whether the interviewee had used the materials for teaching purposes. At that point the interviewer could simply comment that the interviewee had already mentioned a specific teaching example and might ask if there were any other examples.

The sample of telephone interviewees

The sampling frame and rationale for the selection of interviewees is at Appendix 7. Some 245 planned interviews were included in the sampling frame. However a total of 164 interviews were conducted. The reduced number was due to difficulties in contacting all sampled interviewees or replacements during the three months over which the interviews were conducted.

Much time and effort was applied to identifying and contacting respondents because of inaccurate phone, fax and email and possibly postal address information in the address system used to distribute BP materials. As a consequence many of the people originally selected for the sample were replaced by similar alternatives. Appendix 5 identifies some other difficulties with the mailing lists that were also identified and taken account of during the sampling process and which should be rectified for the purposes of the continuing use of the mailing lists for distribution of materials.

There were very few refusals to participate in interviews and interviewers reported that those who participated in the interview were generally favourable towards the experience.

In summary the types of interviewees were as shown in table 1 which demonstrates that the composition of the actual sample was quite similar to that of the intended sample.

TABLE 1: SAMPLE OF TELEPHONE INTERVIEWEES

| Type of interviewees | Number | Percentage of actual sample | Percentage of intended sample |
|---|---------------|------------------------------------|--------------------------------------|
| UNAIDS Secretariat (Geneva, Regional and Country) | 48 | 29 | 25 |
| Cosponsors (Global, Regional and National) | 71 | 43 | 41 |
| National AIDS Programme managers | 18 | 11 | 12 |
| Donors/PCB and other key partners | 27 | 17 | 22 |
| Total | 164 | 100 | 100 |

Of the 164 interviewees:

- 80.5% used English as one of their working languages
- 22.6% used French as one of their working languages

- 11.0% used Spanish as one of their working languages
- 4.3% used Russian as one of their working languages.

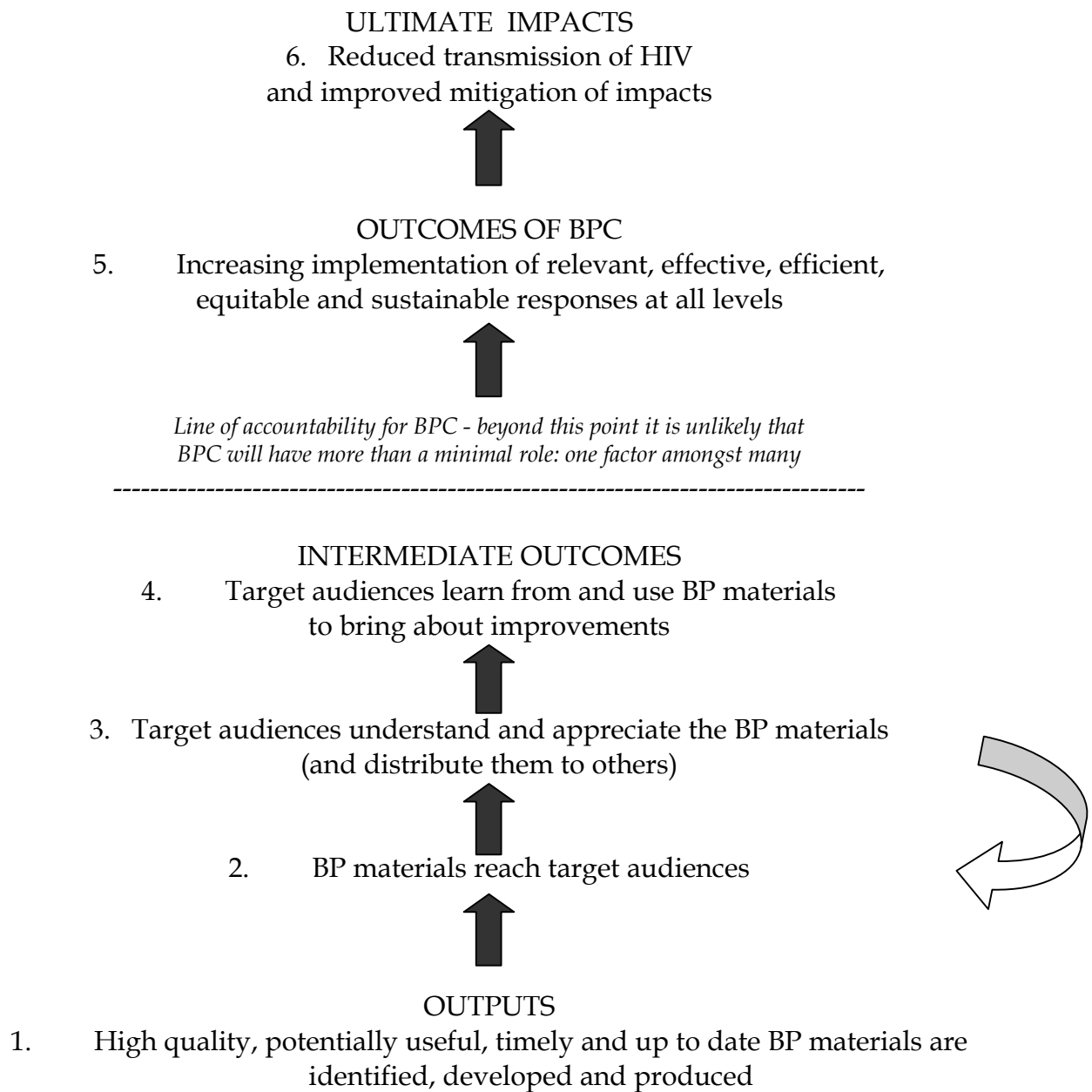
Some 68% of interviewees had been receiving UNAIDS materials since 1997 and a further 21% had received them since 1998. Around 70% of interviewees had received more than 20 UNAIDS BP materials and 24% had received 20 or fewer materials with the remainder being unsure how many materials they had. From these figures it is reasonable to conclude that most interviewees had received enough materials to be in a position to comment on them. However, clearly the depth of experience across the sample would vary considerably.

Face to face interviews were conducted by the consultant with 22 selected staff and management of UNAIDS Geneva. These interviews concerned processes for setting priorities, identifying and reviewing materials, distribution, use and impacts of materials, concepts of BP and how the collection relates to the work of UNAIDS as a whole. Of the 22 interviews, 15 were conducted in 3 group interviews and the remaining 7 as individual interviews (selected Technical Advisors and Senior Staff). A list of interviewees appears at Appendix 8. In addition, several interviews were conducted with the BP development, production and distribution staff.

Country Case Studies: two in-depth studies of use of BP materials are proposed as a second phase. These would involve visits to countries identified through mediator surveys, interviews and/or use and impact records.

A BP feedback form was also developed for use at conferences etc as a means of obtaining ongoing feedback about BP materials. It appears at Appendix 9.

FIGURE 1
HIERARCHY OF INTENDED RESULTS OF THE BPC



CHAPTER 3

DO UNAIDS CONCEPTS, AND PROCESSES ENSURE THAT THE BP MATERIALS ARE HIGH QUALITY, UP TO DATE AND POTENTIALLY USEFUL?

This chapter addresses

- The concept of 'best practice'
- Processes for identifying and developing BP materials
- Processes for producing BP materials once developed.

It was not within the scope of this evaluation to undertake a direct assessment of the quality and currency of the BP materials. However the evaluation did collect information about the processes used by UNAIDS to ensure that the materials are current and high quality and the likely impact of the definition of Best Practice used by UNAIDS on quality of the materials.

Findings in relation to user perceptions of strengths, weaknesses and opportunities for improvement are reported in Chapter 5. User appreciation, while being one indicator of quality, also affects whether recipients will use the materials themselves and distribute the materials to other potential users.

1. The concept of 'best practice' as it is used in relation to the BPC

The UNAIDS definition of BP is that BP includes anything that works whether fully or in part and that provides useful lessons learnt. Interviews and an overview of the types of documents included in the BPC showed that this definition is both controversial and complicated, when applied to the BPC².

1.1 *To what extent does the BPC match the UNAIDS definition of Best Practice? – evaluator's assessment.*

An overview of the types of materials included in the collection reveals that even if the UNAIDS definition is accepted as reasonable for the BP initiative as a whole, some problems arise when one applies it to the BPC, a subset of the initiative. At the most basic level, several of the documents (e.g. those that are about reporting surveillance data) are not about practice at all and the term 'best' is hardly applicable to the reporting of 'facts'. If on the other hand such documents

² It is the evaluator's view that the concept is also problematic when applied more generally to the BP initiative. Within the current definition, to which one or more of the following does 'BP' refer?

- what works and doesn't work
- the process of learning from what works and doesn't work. Learning could be by those engaged in what does and does not work and/or by other parties with whom they share their experiences.
- the product of that process i.e. better (or even best) practice.

It seems likely that the intent of the current definition is to include all three components together rather than separately – i.e. the pathway to best practice. However the definition explicitly refers to only the first of these. The first concept on its own would be at variance with common understanding of 'best practice'.

reported how to undertake effective surveillance practices then it might be argued that they were about best practice.

Similarly, it may be inappropriate to label some reports emanating from meetings as 'best practices'. It is not that the term 'best practice' would be incorrect so much as that, as a record of events, it would simply be an inappropriate use of the term.

A further complication is that "Responses that Work"³ states that "most best practices are success stories, at least in some aspect". Those proposing BP materials for inclusion in the collection are encouraged to apply five criteria to their proposals: effectiveness, ethical soundness, relevance, efficiency and sustainability. While these criteria may be useful and applicable to all Case Studies and 'success stories', they are likely to be relevant to only some components of Technical Updates, Points of View, Presentation Graphics and Key Materials.

If the definition of a BP as a success story and the accompanying five criteria were to be applied generally to 'best practice' materials then much of the current collection, including some potentially very useful documents, would be excluded. The criteria are useful but their potential usefulness may have been diluted through lack of clarity about the types of materials to which they can be most productively applied.

As the organisation whose specific and single purpose mandate is to address HIV/AIDS, it would seem appropriate that UNAIDS become a repository or reference point for a wide range of information about HIV/AIDS and related matters. Given the current and likely future composition of the BPC, it could be useful to foster the concept that the BPC is a tool (or set of tools) to assist with the development of best practices rather than that the BPC includes only reports of BPs.

BP materials that do not themselves report best practices could be used to develop best practices. For example, surveillance data could be used to improve national strategic planning. Similarly documents that report lessons learnt and mediocre practices or even practices that are contextually but not globally best could be used to develop best practices.

Naturally, the better the documents are, the more likely it is that they will contribute to best practices. Hence there will always be a need to be discriminating about what is and is not included in the BPC based on the best information available at the time. It would clearly be counterproductive to distribute information that could lead to worst practices rather than best practices. However the litmus test in deciding whether material should be included would be whether the material had the potential to assist target audiences to advocate for, develop and / or implement best practices.

The implication of the above is that, if the present definition is to be retained, the role of the collection needs to be marketed in terms of its capacity to contribute to the development and application of best practices rather than as a collection that is about reporting best practices per se. This approach should mean that the role of the BPC would be clearer as a set of resource materials that could be a significant part of the overall BP initiative.

³ The document that provides advice on how to prepare a proposal for inclusion of a document in the BPC.

Nevertheless, within the collection there may be some documents that really are about reporting best practices, given the current state of knowledge. These should be clearly identified as such and their authoritative nature emphasised. Telephone interviews with amplifiers also revealed some confusion at country level concerning the concept of best practice and an expectation by many that the materials are authoritative.

1.2 *Interviews with Secretariat in Geneva concerning the concept of ‘best practice’*

Interviews identified wide variation amongst Secretariat staff in their acceptance and their interpretation of this definition. Does this matter?

Shared agreement about the concept of BP is important because it affects:

- the extent to which BP materials are regarded as authoritative and therefore perceptions about intended uses of BP materials and how these are communicated to others
- the extent to which the BPC is considered to be all inclusive or highly selective and therefore
 - the processes by which materials are identified for possible inclusion in the BPC and
 - the choice of appropriate criteria and processes for reviewing materials that might become part of the collection
- the types of materials that are included in the BPC (as argued in the preceding section)
- whether the BPC is thought of only in terms of those materials that are available from the Information Centre or whether it also includes lists of Key Materials (e.g. on the web) and how to obtain them.

This evaluation study focused on the materials available through the Information Centre. However it became apparent during interviews that the term BPC was sometimes used more widely to also include lists of Key Materials available elsewhere. Some staff used the concept more narrowly to include only documents that are about practices. Primarily these would be Case Studies and the case examples (vignettes) included in some Technical Updates and Key Materials.

In addition it appeared during the interviews that most Secretariat staff in Geneva had only a passing acquaintance with the BPC as a whole. Some had detailed knowledge of a few documents. Variable familiarity with the BPC and variable perceptions concerning the boundaries of the BPC mean that the data from the interviews must be considered primarily as being about Secretariat perceptions rather than necessarily a portrayal of the real nature of the BPC. These perceptions are, however, important because they affect the propensity of Secretariat staff to contribute to the development, marketing and use of the BPC and their effectiveness in doing so.

The following comments made by Secretariat staff in Geneva concerning the usefulness of the current concept of Best Practice illustrate the diversity of views.

“The problem is that ‘best’ connotes excellence. Makes it look like the Bible. People will challenge things presented as BP- who says it’s best? We must use the term carefully. ‘Anything we can learn from’ is not a saleable concept – we need a new concept”

“BP used this way is a gross misnomer. Best equals ‘excellence’ ”.

“It is hard to think of things that don’t work well as best practice. We need some proof of effectiveness before labelling as best practice.”

“We need to define more clearly what we mean by BP- gold standard or the current definition. Our concern should be to ensure gold standards in the areas for which we are responsible and those areas should be defined in terms of our thematic priorities and priority countries and regions”

“The concept is good and the title is good – it captures attention.”

Others were concerned about more common usage of the term BP:

“Use of BP is just another fashionable term – everyone is doing it. We need something more innovative, find another concept.”

“I don’t like the term because it is associated too much with industry and trade.”

The issue of universally best compared with locally best was another issue about which there was divided and strong opinion.

“Best does not equal good enough. It must be replicable in many places not just state of the art in one country.”

At the same time several interviewees welcomed the expansion of what they saw as the original concept that carried a connotation of global best practices to now embrace practices that might be ‘best’ within their own context:

“Best practices are about what works in a particular place and what were the important factors. You need to understand why something worked in order to adapt it – it is not automatically best everywhere.”

“We have been uncomfortable about the term because ‘best’ connotes that there is one BP when what we are referring to is what is good in particular contexts and what lessons can be learnt.”

“ I was opposed to the original concept of BP as coming from Geneva – it raised the question of BP to whom. (Best practices defined from Geneva) are often not realistic for community workers and community based programmes. So I like the way the concept has evolved to the current definition but I believe we need to find another term.”

Others opted for a middle ground seeking some replicability across countries, and regionally based consensus about what works within regions without necessarily requiring global applicability. There may be some areas (such as blood safety) for which global standards are appropriate.

Some interviewees reflected on the fact that there had been a shift over the years away from a global and technically rigorous definition of BP. This rigour reflected the fact that the early documents tended to be Technical Updates coming from other sources (e. g. publications) that had already been subjected to a demanding peer review process. Some of the more recent

documents had not been subjected to the same level of scrutiny through peer review. Various reasons were given:

- Some documents were included to address a vacuum and to stimulate further development. Once cases that have been used this way are no longer state of the art then they should be removed and replaced by current state of the art. There appear to be no formal processes for doing this.
- Because of the lack of rigorous evaluation in the developing countries, the application of stringent criteria would have meant that nothing coming from those areas would ever be accepted for the BPC. The BPC would therefore not reflect the experience and learning of developing countries and may not be useful to those countries.
- For some types of materials, the BPC is the only possible 'home', there being no other appropriate avenues through which the materials, in the form in which they are produced could be published and distributed. Case Studies and Points of View, for example, are unlikely to be appropriate for publication in journals.

From the above it would appear that there is considerable concern about the current use of the term BP and that opinion is divided if not polarised. It is unlikely that the concerns will be allayed or the divisions overcome simply by mandating a particular definition of best practice. Some staff that have understood what is intended by the concept 'anything that works whether fully or in part' have not internalised the idea because it runs counter to the way in which they and, they believe, others apply the concept of BP in other spheres.

It is clear that different definitions of best practice have different implications for what should and should not be included in the collection and whether the BPC should be all-inclusive or exclusively reports of what is demonstrably best practice. When asked whether all documents produced by UNAIDS should be included in the collection, almost all interviewees argued against inclusion of all documents on such grounds that:

- inclusion of all materials would devalue the concept of best practice
- UNAIDS staff should be able to produce some documents without expecting them to go into the collection
- more use should be made of other means of getting useful materials to people (e.g. the web) without having to go through the process of getting the UNAIDS stamp of approval as part of the BPC.

The counter argument was put by some that the collection should be a collection of all documents relevant to HIV/AIDS, including all Cosponsor documents as well – it is a reference collection but should still be called the BPC. Logistically considerations relating to reproduction and distribution would need to be considered if this all embracing approach to the collection were taken. It is possible that the collection might be thought of as a listing of materials only some of which were physically available from UNAIDS.

If the name Best Practices Collection is to be preserved (and for several reasons it seems likely that it will be) then a decision needs to be made as to whether 'best practice' refers to the content of the collection or the purpose of the collection. Some implications of these two options are as follows:

- a) If BP refers to the content of the collection: the collection would include only those materials that are reporting 'best practices'. This would mean that many materials that are not about 'practices' would be excluded and that many materials that report practices that are less than best practices would be excluded. Review criteria and processes would need to be thoroughly defined and exercised to ensure that the materials can be given a 'gold standard'. It would also be important to identify whether best was to be locally, regionally or globally defined. This could vary from one document to another provided the context for best was defined e.g. best for countries at x stage of development with y types of population and z types of problems; best for African region etc.
- b) If BP refers to the purpose of the collection: the collection should contain a vast array of HIV/AIDS relevant materials that might in some way be used to advocate for, develop or apply best practice. The materials need not be about best practices at all. This approach would see the collection as a tool for developing and implementing best practices. The collection could also include some best practices of the type defined in option a. It would be important to identify those that were included as 'gold standard' UNAIDS documents and those that were included in the interests of performing a clearinghouse role to provide maximum exposure to the full range of materials.

Several Secretariat (Geneva) interviewees emphasised that if there is to be further development and marketing of the concept of BP then there should be more effort to involve other stakeholders (e.g. Cosponsors, people at country level) in that process of clarification:

"I suggest that we go to the field and ask people what terminology they would use. What do they have in mind when they present a paper at a conference – they are presenting the paper because they have something they want to share with others – what would they call it?"

"The criteria for BP should not have come from UNAIDS alone – it should have come also from key partners – NGOs, Cosponsors – what do they mean by Best Practice? We need buy-in from them."

"People in the field – our own people and Cosponsors are uncomfortable with the term. When we introduce new concepts we need to have a wider consultation process. We should have put some of our early efforts into concept development rather than into production."

A definitional and marketing issue to be resolved is, therefore, whether the BPC is to be a repository for a wide range of materials whose role is to assist with the development of best practices or a collection that is exclusively about best practices.

It should be noted that irrespective of what definition of BP is adopted the value of the materials can still also be assessed in terms of market penetration, perceived usefulness and impact. These assessments are made in the chapters that follow.

2. The processes for identifying, developing and producing BP materials

To review these processes, information was drawn from:

- interviews with Secretariat staff
- flow chart and table prepared by BP staff

- analysis of development and production processes for a sample of BP materials (see appendices 3 and 4) and
- a comparison with issues raised in the report: *Review of Publication Policies and Procedures at WHO Headquarters* (June 1999).

The WHO report focused on the production and dissemination of materials and identified the following steps in the cycle:

- Needs assessment
- Planning
- Selection and approval to proceed
- Manuscript development and review
- Editing
- Languages
- Production
- Promotion and dissemination
- Reproduction, adaptation and translation
- Evaluation and impact assessment.

All of those stages were addressed to varying degrees in this evaluation of the Best Practice Collection. However this evaluation collected considerably more information about access, use and impact of materials and correspondingly less detailed information on the mechanics of the development and production processes.

2.1 Identification of materials and topics for inclusion in the BPC

(corresponding to needs assessment and planning in the WHO report)

The WHO report concluded that implementation of the WHO policy on publications ‘presupposes an assessment of needs, identification of gaps and confirmation that any proposed product will not duplicate what already exists or is in preparation by others. Currently, however, such information is not systematically sought before a publication or document is planned, and impressions of what is needed may be formed without direct input from prospective target audiences’.

Similar conclusions could be drawn about the identification of materials and topics for inclusion in the BPC. As explained in the previous section, differing views about the concept of the BPC have complicated the processes of identifying needs, setting priorities and planning. However, as the following findings show, considerable thought is being given to how these processes might be improved and priorities set for the identification of materials. Moreover an analysis of the origin of materials shows that there has been some rationale behind the development of particular materials even though the process might not have been applied to the collection as a whole.

In addition there is a clear interest from people at country level in becoming involved in identifying and contributing materials for the BP collection. Some steps have been taken to increase end user involvement.

Current sources of BP materials

BP staff prepared the following chart showing typical sources of materials for the collection.

| SOURCES OF EACH TYPE OF MATERIAL | | | |
|--|--|---|---|
| Technical Updates and points of view | Case Studies | Key Materials | |
| 1. Request from country level for information | 5. Priority area for UNAIDS – active seeking of examples for documentation | 9. Priority area for UNAIDS | 14. Speeches |
| 2. Priority area for UNAIDS | 6. Proposal received from the field | 10. Important upcoming event that requires policy documents | 15. Cosponsor and major partner publications |
| 3. Important upcoming event that requires policy documents | 7. Document received from the field | 11. Proposal received from the field | 16. Joint publications and videos |
| 4. Need to portray existing policy | 8. International and regional conference presentations, satellite meetings and exchange forums | 12. Document received from the field | 17. Supported publications |
| | | 13. International and regional conference, reference group, advisory group, meeting reports | 18. Documented clinical and social findings – research, pilot projects etc. |

Analysis of the origins of a sample of materials showed that:

- All except one of the 12 sampled Technical Updates and Points of View were generated at least in part in response to the need to portray existing policy. For 6 of the 12 documents analysed, the fact that there was an upcoming event that required a policy position was identified as driving the production of the document (and the policy).
- Of the 4 Case Studies assessed, two had resulted from an active seeking of examples in relation to priority areas for UNAIDS. One of these two documents and one other had come from conferences or other meetings and the fourth was a documentation of clinical and social findings.
- Of the 10 Key Materials whose origin was assessed, half were identified as being a priority area for UNAIDS. Other or additional sources were scattered amongst sources 10, 12, 13, 14 and 18 in the above table. On the basis of this small sample, it is interesting to note that no documents were identified as having been proposals that had been received from the field, from Cosponsor and major partner publications, joint publications or supported publications.

Secretariat staff were asked to comment on the sources of BP materials and whether any potential sources were currently being overlooked.

Other *current* sources identified that appear not to be adequately represented in the above table were:

- Technical Updates: expert knowledge is a regular source. Expert networks of people whose technical expertise is known to be solid (e.g. AIDS Economic Network) are also used.

- Case Studies: requests for manuals by community organisations and institutions often leads to a search for illustrative Case Studies.

Other *potential* sources identified were mission reports, web-sites and speeches of Cosponsors, poster sessions at conferences and generally more systematic use of conferences. Obtaining Cosponsor materials for inclusion in the BPC was seen as both important and difficult.

At one level, it was considered important that a determined effort be made to identify successes of Cosponsors so that UNAIDS staff could be informed about those successes. At another level, concern was expressed that unless Cosponsor materials were identified there would be unnecessary duplication of materials and confusion at country level.

It is the evaluator's view that the extent to which such duplication occurs is a reflection on UNAIDS capacity to exercise its role of harmonising and rationalising efforts in relation HIV/AIDS. It would seem therefore to be a priority to put effort into identifying what is available through the various Cosponsors. The Information Centre Manager reports that he has developed a list of publications produced in conjunction with Cosponsors or by Cosponsors and other parts of the UN system on HIV/AIDS and that it is evident at least from that list that fear of duplication is not borne out.

Nevertheless, staff reported some impediments to identification of Cosponsor materials. These included:

- the issue of ownership by Cosponsors sometimes makes them reluctant to contribute materials to the BPC if they believe they will not receive sufficient and visible credit.
- where joint documents are to be produced for the BPC the process becomes very protracted since materials must go through the clearance processes of both the originating agencies and of UNAIDS.

Various people made comments and suggestions about processes for identifying materials including the following:

- UNAIDS needs to encourage all people at all levels to get into the habit of analysing what they are doing and then documenting. The process should be facilitated through theme groups and country staff – UNAIDS could specify that it is part of the role of country staff to give technical assistance or seed funds to assist field staff to document.

Another expressed the view that not only would CPAs and theme groups be a good source of materials but they would also be a good source of information about the relevance of materials to their local needs and could provide feedback as part of the review process. Again it was considered that this role should be built into their terms of reference and job description.

Another person commented that past reliance on CPAs to identify materials had been unsuccessful and hypothesised that this may have been because the process was seen as too top heavy.

- The process for seeking examples from the field needs to be handled carefully. One person considered that the process for seeking information from countries had been quite inappropriate: countries were requested to produce 10 examples of BP in a particular topic area e.g. school education. They were reported to be 'furious' about this approach. They looked for any materials available, regardless of how good they were and without properly reviewing the materials simply in order to meet the target of 10 examples. Their attention was deflected from addressing their local needs first, which may have given rise to BP examples in due course.

Most Secretariat interviewees in Geneva considered the identification of materials, case examples or topics for inclusion in the BPC to be part of their role. They also saw that they had a role in encouraging others to submit materials and sometimes in facilitating the process. Assistance, training, funding consultants to identify and document examples from an inter-country team, employing writers to capture examples from conference round tables on critical issues, and persuading countries of the importance of documenting for the purpose of appealing to donors were all cited as approaches that had been used.

Telephone interviews suggest that there is an interest at the country level in identifying, developing and contributing materials. About half of those that participated in telephone interviews were asked about what they saw as being their roles in relation to the BPC now and in the future. Of these, 69% said they had either contributed materials in the past (40%) or saw themselves as possibly having a role in contributing in the future (29%). In addition some 55% of interviewees had encouraged others to contribute materials and a further 33% would see themselves as playing such a role in the future.

However, if UNAIDS staff are to engage effectively in the process of identifying and encouraging the development of BP materials and to advocate for identification and sharing of best practices through the BPC, they need to have a clear understanding of the processes involved. Several Geneva Secretariat staff commented that they did not have that understanding.

One person considered that UNAIDS staff need to have a clearer idea about the process of referring materials or ideas brought back from the field for possible inclusion in the BPC. Another commented that "it is not clear to any of us what the process is". Some have been concerned about whether funds for development will be available when they refer possible materials for inclusion in the BPC and an example was given of the difficulties that were caused when such funding was not available. Others commented that access to funds had not been a problem. Another commented that following some initial involvement in generating Points of View, the cumbersome clearance processes had discouraged any further efforts to contribute.

Concerns were also expressed that the processes for generating materials to date have sometimes been supply driven: it was suggested that in the past the contents of the collection have tended to be driven by staff interests, ad hoc issues and the imperative to get things out. One member of staff noted that

"There will always be pressure to publish from the 'supply side' (i.e. staff have things that they think are important, even though there is no clear external demand), and that is natural in an organisation that groups top experts but we have to keep this issue in mind as we plan our publishing projects."

One could go further and say not only is supply driven identification of materials a natural tendency but that if UNAIDS is to take a leadership role it is also necessary that to some extent it set the agenda. Clearly what is important is that the right balance between supply driven and demand driven selection of topics and identification of materials be achieved.

Another perspective offered was that the recent requirement that all programme areas produce best practices as part of the work plan will continue the process whereby the examples that are produced will not necessarily be those that would be identified if a more strategic needs driven process were adopted.

Many of the above differences of opinion reflect the more fundamental differences about what the BPC is and its purpose as discussed in the preceding section on the concept of best practice. Until the conceptual and strategic issues are resolved to the satisfaction of the majority the differences in opinion about the most appropriate procedures are likely to persist.

An issue for consideration by UNAIDS is whether it should more actively use a framework of possible sources of materials to seek materials and whether it should aspire to obtain a balance across the various sources. A framework might be developed from the chart prepared for this evaluation. This could be amended in the light of further suggestions made by interviewees as included in this report and in the light of clarifications that need to be made concerning whether the term best practice refers to the content of the collection, to content and purpose or primarily to its purpose.

Processes and criteria for selecting topics for inclusion in the BPC

Views of Secretariat staff in Geneva

Secretariat staff in Geneva were asked about the coverage of important topics by the BPC and future priorities for development of the BPC. Again there was considerable division of opinion within UNAIDS concerning such matters as whether the focus of the BPC should be global or regional / sub-regional. Comments concerning the focus of the BPC included the following:

- Priority areas at global level are important but we also need to identify regional and sub regional themes and look for examples. We need to do this with other partners in the regions and recognise that within regions the types of needs will differ depending on whether you are talking to theme groups, ministries etc. We should respond to geographical needs as they arise and to some extent create demand to increase geographical coverage. For example, female condoms have not been a big issue in Europe but could become one in the future and UNAIDS will need to develop a social marketing strategy for that region.
- We have to look for opportunities for facilitating more horizontal sharing amongst partners, people in the field. We have tended to be policy driven to date: now we need to have a balance of the vertical and the horizontal.

Others were clearly of the view that global priorities of UNAIDS should be the main drivers of what is sought and included in the BPC. The operational and thematic priorities defined at Chamonix in 1998 would be the other determining factors.

Others were concerned that the global priorities would not be the same as regional, sub-regional and country based priorities and that the BPC would then not meet the needs of those other levels. Others questioned whether the BPC needed to address all levels and whether, at the regional and country levels there might not be more effective processes of exchange than through the BPC.

Another suggested that UNAIDS needs to have an inventory on what has been produced elsewhere in each of the 51 topics and then for further development to focus on the five global priorities and the areas in which the Secretariat has particular responsibility and expertise. Some suggested that the issues should be the policy issues and sensitive issues that UNAIDS is well positioned to address.

Concern was expressed that the Secretariat is spending too much time and effort on things that are not central and often not 'gold standard' and that as a consequence the credibility of UNAIDS can be adversely affected.

Secretariat staff were also asked whether, given limited resources and levels of staff interest, it is more important to have:

- a) depth of coverage in relation to a smaller number of topics or
- b) breadth of coverage in relation to a large number of topics (e.g. the 51 topics listed in *Responses that Work*).

The majority favoured more in-depth coverage of a smaller number of topic areas. One argument for in-depth coverage was that, to be useful, examples such as Case Studies need to be part of a collection of documents dealing with an issue from different perspectives. So, for example, the document on how Thailand managed to secure funding for its HIV/AIDS programme during a financial crisis that hit that country would be more useful if it were part of a collection of documents dealing with resource mobilisation.

One person suggested a sequence to the development of materials within a topic area with materials being produced in the following order:

1. Technical Update identifying the key elements and challenges (e.g. the Community Mobilisation document) followed by
2. Case Studies demonstrating application of the key elements and how to address the key elements. This would require active searching for Case Studies of current best practices from the Cosponsors and looking for opportunities for strengthening the practices followed by
3. Demonstration projects initiated to fill gaps where Case Studies are not available.

A variation suggested by another person was that the steps should be:

1. Define the concept. Definitions relating to the five thematic priority areas need to be clarified. For example, we don't have a shared understanding amongst all the Cosponsors and ourselves about what is meant by community based standards of care
2. Produce Technical Updates
3. Produce Case Studies and tie in examples such as videos.

Along similar lines, another suggested that for selected topics there is a need to develop Case Studies to complement Technical Updates, arguing that there are too few practices and tools at the moment. It was also recognised, however, that while it is important to achieve depth the availability of a range of documents depends upon the stage of development of knowledge and

practice in each area. The staged approach identified above could be one means by which UNAIDS takes a proactive approach to filling gaps.

It is not clear from these comments that interviewees would necessarily rule out inclusion of materials that became available but which did not fit the strategic priorities. Rather the question related to the priorities for the active development of the collection as distinct from reactive inclusion of materials as they become available. Nevertheless where there is a competition for resources it would appear that interviewees favoured more in-depth treatment of fewer topics.

In terms of satisfaction with current topics the following suggestions were made about areas in which more emphasis could be placed:

- cross cutting themes such as programming, community action, evaluation
- business/private sector
- development issues such as poverty and HIV/AIDS
- cross sectoral issues such as transportation, tourism – not just the impact of HIV/AIDS on these sectors but the reverse also
- young people
- community based standards of care.

Since no common pattern emerged across interviewees, it is possible that these suggestions relate more to the interests of particular staff members than to any clearly defined needs.

A difficulty arises from the fact that several staff wanted more in-depth coverage of a smaller number of topics while at the same time wishing to have more regionally relevant materials. Relevance of topics is likely to vary considerably across regions such that any attempt to concentrate resources in particular topic areas would be incompatible with a move to regional development.

Comments from those who were in favour of covering all topics were that:

- as the foremost authority on HIV/AIDS, UNAIDS needs to be able to respond to requests for information on all topics. This means that the collection should at minimum have one state of the art document for each of the 51 topics. The topics had been identified on the basis of UNAIDS expert knowledge of what is important. Beyond that, UNAIDS should prioritise topics for more in-depth coverage according to regional and sub-regional needs.
- Since UNAIDS also includes Cosponsors then collectively UNAIDS should be able to produce materials on any topic. The responsible person on each topic in the Secretariat should seek out those resources but it does take time, energy and money that many do not have. Also the workload associated with different topics varies and this may place unreasonable burdens on some staff.

Note that the Information Manager has been compiling a list of Cosponsor publications related to HIV/AIDS that at the time of completing this report was ready to be loaded onto the web-site. Copies are actively sought from Cosponsors and kept in the Information Centre. The Information Centre has not emphasised these activities because the Centre had been developed with a deliberate move away from the previous concept of it as a small library. This development had occurred on the grounds that WHO was providing library functions and services and that UNAIDS has neither the staff nor the capacity or space to run even a small library.

Should UNAIDS move towards more concentrated development within particular topic areas as part of the process of more strategically developing the collection, then it will need to find ways of ensuring that the interests of some regions are not overlooked. Inter-country teams might, for example, take on responsibility for development of sets of materials that are particularly relevant to their regions or to developing the case study examples for their regions.

UNAIDS may also wish to consider whether it more actively promotes the collection as a physical entity or as a combination of a physical entity consisting primarily of UNAIDS materials and a directory to materials available elsewhere. Work has already commenced on the development of a listing of materials produced by Cosponsors.

Views of telephone interviewees concerning their role in identifying topics for inclusion

About half of the telephone interviewees were asked about their role in relation to the Best Practices Collection in the past and in the future. Of these, most (85%) who commented saw themselves as having a role in suggesting topics for the collection with 41% of them having done so in the past. Their comments on the relevance and range of topics currently addressed by the collection are included in the section of this report dealing with user satisfaction with the collection.

2.2 Processes to ensure quality: views of Geneva based Secretariat staff

(Corresponds to selection and approval to proceed, manuscript development and review, editing in the WHO report)

Once again, many of the difficulties that bedevil the processes used by WHO in relation to its publications are also evident to varying degrees in relation to the BPC. One clear difference in approach between the two organisations appears to be that

- in UNAIDS, the *most rigorous* review processes are applied to Technical Updates (compared with other types of materials). In UNAIDS there has been a view (reinforced by telephone interviews with people in the field) that Technical Updates should be authoritative.
- by contrast, in WHO, the processes applied to technical documents are *less rigorous* than the processes applied to other publications. The reason given in the WHO report is that technical materials are more ephemeral (knowledge is changing all the time) than the general publications and that they are directed to a specialised and smaller audience than general publications. Technical materials have had less status than general publications. The WHO report found that the distinction between the two types of documents breaks down in practice and recommended that in future there be only one type of document.

For all types of publications, the WHO report commented that review processes are often ad hoc and varied considerably in extent and rigour of review 'from a quick read through by a colleague to directed peer review by individually selected experts, circulation of drafts to members of expert advisory panels, restricted or wide in-house consultation and field testing, sometimes in association with workshops'.

Several steps are taken by UNAIDS to ensure quality of materials. Procedures relate both to the technical content and editorial and publication issues. Quality control procedures and approaches include:

- The provision of guidelines for production of materials. These are included in 'Responses that Work'. This is a process of front end management to ensure quality from the point at which preparation of materials commences.
- A glossary to help writers with terms that are acceptable and unacceptable for use in UNAIDS publications, including a glossary of terms in English, French, Spanish and Russian to facilitate the work of translators and contribute to consistency and high quality.
- Experienced translators are used, translations are checked for quality and feedback given to translators
- A clearance group for Technical Updates and Points of View and Presentation Graphics in which UNAIDS policies are involved consists of 3 directors of Policy Strategy and Research, senior writer of External Relations, BPC team. Sometimes the author and Technical Advisor (responsible staff member) attend as observers if available. Interviewees that had experienced the process concurred that the intended process was implemented in practice.
- Other clearance processes are used for Key Materials and Case Studies. Some documents produced in country are approved by the theme group to be issued with the UNAIDS logo. Interviewees were less confident about the rigour of the clearance processes and the ensuing quality for documents produced in this way. Moreover, Key Materials and Case Studies often need considerable editing if not re-writing.

Comments concerning the quality assurance and quality control processes included the following.

Preparation

Several interviewees commented on the need for regional or country training in writing. It is understood that a proposal for 'a writers in residence' training session to improve documentation at country level was rejected.

Clearance processes

In general there was agreement that a review process is important to ensure accuracy, 'gold standards'. However the review process is said to be the main bottleneck in terms of the chain of identification, development, review, production and distribution processes. Duration and complexity of review process are seen as a major problem. Some commented that the process is now shorter than it had been prior to 1998.

Of the 10 Key Materials that were included in the sample for assessment of duration of the clearance process,

- 6 took 18 months or more,
- 2 took around 6 to 12 months and
- 2 took less than 6 months.

In general, these figures support the concerns raised by interviewees concerning the length of the clearance process. Duration of development and review processes has also been a problem for WHO publications. The WHO report commented that some materials that 'will be issued as internationally applicable guidelines or standards, involve several years of drafting and wide consultation'.

Some interviewees commented that to avoid the delays associated with getting a publication included in the BPC they resorted to other methods of disseminating the materials (e.g. through the web) thereby avoiding the clearance process altogether. The WHO report also commented that out of frustration some authors had sought and used simpler and faster alternatives to the normal production and distribution processes.

With respect to the UNAIDS BPC, the duration of the clearance process for Technical Updates and Points of View was a little shorter than for Key Materials. Of the 12 Technical Updates and Points of View that were included in the sample

- 5 took 12 months or more, the longest taking 18 months
- 6 took up to 6 months and
- no clearance processes were involved for one document.

The Manager of the Information Centre commented that Key Materials took more time than Technical Updates and Points of View because:

- Key Materials and Case Studies are more complex to produce and often need much editing if not re-writing
- Templates are used for the production of Technical Updates and Points of View and most editorial issues have been resolved before they reach the formal review process.

The number of drafts of documents contributes to the duration of the clearance process. Of the 12 Technical Updates and Points of View,

- 4 documents had 12 or more drafts during the clearance process
- 5 had between 5 and 10 drafts
- no redrafting was required for one Technical Update because the text already existed
- no information was available for two of the documents.

It appears that only about a third of the Technical Updates and Points of View included in the sample had a major re-write as part of the clearance process and that the remainder of the redrafts dealt with minor modifications. It is possible that those minor modifications were important. However, given that the re-drafting process is likely to be a major contributor to delays of some documents, there may be a need to assess how important those minor modifications really are and whether they justify the extra time involved.

Insufficient information was available about the number of drafts of other types of documents (Key Materials etc) to comment.

Starting points for development of Case Study materials were difficult to identify and so duration of the clearance process is similarly difficult to estimate.

Duration of the clearance process is affected by the following factors identified by interviewees:

- *There are many layers beneath the flowchart.* Many parties are involved, contractors etc. The flow chart shows only the tip of the iceberg.
- *It is sometimes difficult to get a quorum for sign-off by the clearance group.* At minimum the document must be signed off by senior writer and one director. In addition, there are often many different views on policy. Changes in personnel and policies between commencement of development of materials to time of production means that focus and priorities sometimes change in the interim (e.g. policies on human rights) and this can lead to delays.
- *The burden falls on team leaders who are very stretched,* do not see BP materials and / or their review as a priority, and often do not have the breadth and depth of expertise needed to enable them to make quick decisions.
- *The time taken for materials to be sent back and forth to authors creates delays.* The number of drafts or re-works could be seen as a proxy measure for delays. The document on MSM went through 18 drafts. The unofficial target is now to have a maximum of 8 substantial drafts after which UNAIDS agree to pay more to the writers. It is hoped that this will give some discipline to the process (see also the above analysis on the number of drafts of Technical Updates and Points of View).
- *Local offices do not yet have the capacity to review materials and so the process is centralised in Geneva.* It was suggested that there is a need to build that capacity and generate ownership in the field.
- *Documents can be delayed because of competing documents.* Sometimes the review and / or development process for a particular document can be delayed by the fact that it may be positioned lower in the queue of documents than its date of arrival might suggest. This might occur because of various factors that would bump other materials up the queue such as the need to have a collection of documents with geographical spread.

Some consequences of lengthy review processes were that:

- Delays in one type of document have flow on effects to other documents e.g. a delay in a Technical Update can lead to a delay in a Point of View.
- Material can become out of date.
- Authors lose interest and momentum in the light of competing priorities, and materials that have been reviewed one or more times may not be returned to UNAIDS. This means wasted effort for all concerned and frustration for people at country level.

"It is disappointing when you make commitments to people that documents will be available and then they are greatly delayed. For example the document on collaboration between NGOs and government was delayed more than a year. People in the field wanted to be getting on and doing something and were hoping for the document."

- Occasionally those involved at various points lose track of the stage of development of documents.

Reduction in the duration of the process of development of materials is clearly a real issue that needs to be addressed by UNAIDS. In addition to continuing to foster up-front quality management processes UNAIDS may need to consider whether it is prepared to compromise some aspects of quality in the interests of making material accessible. The policy decision concerning the role of the BPC as one whose content is best practice versus one whose role is to assist with the development of best practice will have a bearing on the types of compromises that can be countenanced.

Involvement of external reviewers is another element of the review process. Most agreed that the involvement of external reviewers is important and helpful. External reviewers are used for Technical Updates and sometimes for Key Materials. For Technical Updates, 3 external reviews are expected to be undertaken of which 2 should be at country level so as not to be too academic.

Of the 12 Technical Updates and Points of View included in the sample for analysis:

- 7 of the documents had three or more external reviewers. For one of those documents the 3 external reviewers were supplemented with an inter-agency working group
- 3 were reviewed by an inter-agency working group only (e.g. the Inter-agency Working Group on refugees and other UNHCR staff)
- one of the documents was an early one prepared before external review requirements were in place
- the technical responsible staff member deemed one document (Tuberculosis and AIDS, Point of View 1997) to be still relevant and not in need of a review.

However the mere involvement of the required number of reviewers does not guarantee the quality of their review or the seriousness with which they address the task. It is possible that documents that are reviewed by individuals who have to personally 'sign-off' on them may be more seriously reviewed than those that are reviewed by interagency groups. However that is speculation only and the counter-argument would be that groups can bring many more valuable perspectives.

In a similar vein, the report on WHO publications also commented that 'reviewers themselves may not know what is expected of them, may not take their responsibilities seriously on the assumption that someone else will, or may be reluctant to make an honest appraisal out of concern that criticism of a text may compromise their relationship with WHO'.

Comments made during interviews concerning the involvement of external reviewers were that:

- It is sometimes difficult to get appropriate reviewers involved – there needs to be an incentive for them to be involved. At minimum they should receive acknowledgement in the publications.
- Sometimes there are too many reviewers who are not always experts and slow the process down.
- It would be helpful to have Cosponsors more involved as reviewers.

- In choosing reviewers there is sometimes a lack of respect for expertise at country level. People in Geneva who review documents that have been produced at country level do not always have the necessary technical expertise.
- There is a need to have some form of external review of in-country produced materials. External review should go beyond the clearance by the theme group to a process that involves identifying and using the best regional experts to assess the materials in terms of lessons learnt that are relevant to the region or sub-region. This would be a regional safeguard for country based assessments. Such a process was proposed but proved to be too cumbersome, partly because it involved the experts meeting. A less cumbersome process not involving meetings (e.g. advisory groups could be used).
- We need to tie into Technical Resource Networks and make them an active part of the process of reviewing materials and getting them used. As like-minded experts we could involve them in commenting on the materials. This would have the added advantage of breathing life into the concept of Technical Resource Networks.

Reviewers play an important role in ensuring the quality of BP materials and they also have the potential to impact considerably on the duration of the development process. Hence an issue that needs to be addressed by UNAIDS concerns ensuring that the right reviewers are selected, that they are appropriately briefed concerning their role and processes, and that their role is properly recognised as an incentive to participation and as a form of accountability.

Obtaining feedback from users as a quality assurance process

About half of the telephone interviewees were asked about their role in relation to the Best Practices Collection in the past and in the future. Of these, around 73% had either provided feedback on the materials in the collection in the past or saw it as part of their role while a further 32% thought that it was possible they would do so in future. Since there are currently no systematic processes for providing feedback, any feedback to date would have been informal. A few interviewees commented that a feedback form could be a standard part of each document. However for this information to be useful there would need to be a commitment to analysing the feedback and the resources to do so.

Currency of documents as representing best practice

The initial policy was to review each Technical Update and Point of View every 6 months. This has only happened once. Periodic reviews are triggered by such factors as change of staff member and reprints. There is therefore no systematic process for removing documents once the practices / information contained therein have been superseded. Running out of print and a decision not to reprint is the most common screening process. Only one document has been recalled and that was as a result of negative feedback (Female Condom Technical Update). It may therefore be that some documents that include outdated information and perspectives on BP remain in the collection and are still being distributed as if they were the most up-to-date practices.

An issue for UNAIDS to consider is whether it has the resources and commitment to making better use of quality control processes after materials have been distributed. These processes

would include reader feedback and revision of documents before new print runs and review of documents for continuing currency with withdrawal and replacement by more up to date materials as necessary.

2.3 *Production processes*

The Information Centre identified the following **strengths** of the production process:

- The documents are high quality publications of which UNAIDS can be proud but produced cost-effectively.
- The brand image is now well established. The priority in the future will be to differentiate within the collection. The Information Centre plans to redesign the appearance. However, feedback from telephone interviewees suggests that such differentiation is not a major priority for them.
- The Information Centre uses an established panel of good translators and provides them with tools to assist e.g. the glossary of UNAIDS terms.
- The Information Centre draws on a pool of expertise in a range of areas: graphics designers, translators, editors and this gives great flexibility. Note that very few adverse comments were made throughout the evaluation process concerning editorial aspects of the documents and the quality of the documents was generally highly regarded. By comparison the report on WHO publications noted many deficiencies in the editorial processes and the editorial quality of the documents.
- The Information Centre's approach can be contrasted with that of most publishers in that the Centre allows changes to documents right up to the last stage. This has had a face saving effect on a number of occasions in which errors were not identified until the end. It can however extend the production time.
- Tracking the production process has now improved.
- Being small means that the Information Centre has oversight of all aspects of the production process.
- The Information Centre produces documents faster than the rest of UN system (UNCTAD standard is a 14 week rule – they do not expect a document to be produced in less than this). We can produce documents very quickly. For example, the recent funding document was produced in two weeks. Similarly the World AIDS Campaign document was produced in about 3 weeks in 3 languages simultaneously.

Analysis of the production time of a sample of documents gave the results shown in Table 2. These results confirm that on average the production time is less than 14 weeks:

TABLE 2: PRODUCTION TIMES

| Type of document | Average production time | Range of production times |
|--|--|---------------------------|
| Key Materials (n = 9) ⁴ | 12 weeks | 2 to 22 weeks |
| Case Studies (n = 6) | 19 weeks | 10 to 43 weeks |
| Points of View and Technical Updates (n = 11) ⁵ | 9 weeks (5 weeks excluding a document that took 36 weeks) | 3 to 36 weeks |

Key Materials are generally larger than Technical Updates and Points of View and this may contribute to the longer production time. However amongst Key Materials there is little correlation between length of document and time taken to produce it.

Delays in desk top publishing was the factor most often identified as having prolonged the production time of Key Materials. In the case of the document that took 22 weeks, 13 of these weeks were accounted for by desk-top publishing. Desk-top publishing time was also a significant factor in the Case Study document that took 43 weeks, another contributing factor being the time taken for editing this document. If the production time is to be expedited it would appear that particular effort should be applied to hastening the desk-top publishing phase. It is understood that the Information Centre is currently taking steps to address the problem, including the recruitment of new staff.

Other factors contributing to delay for other documents were the production process straddling the Christmas holiday period and editorial revisions to the text.

Failure to consult with the Information Centre early in the process of developing materials was identified as a general factor that contributes to delays in production. This results in crises emerging later in the development and production process that could have been avoided through early discussion with and guidance from the Information Centre.

Examples cited include texts which the authors have tried to desk top publish resulting in a virtually unusable document for professional design and layout, partners being led to feel that they can impose design at a late stage and lack of discussion of print runs and translations required.

The short production time of the document that was produced in 2 weeks was attributed to the fact that detailed planning enabled a very tight production schedule to be agreed with the printer.

“Despite text being delivered one day late and a large number of author’s corrections and re-corrections being made, the final product was produced on schedule.”

⁴ No data were available concerning production time for one of the 10 documents in the sample

⁵ No data were available concerning production time for 7 of the 18 documents in the sample. Five of the seven documents for which data were missing were published in 1997 so it would appear that the improved tracking system now used is providing better information for both management and accountability purposes.

Total time for clearance and production

It is important to look at the combined effects of delays in production with delays in clearance to understand how long it is taking before documents are ready for distribution to audiences. Calculation of the total time taken for each of the sampled documents from commencement of the clearance process to completion for printing ready for distribution showed that:

- Key Materials ranged from 2½ months to 26 months. Six of the nine Key Materials for which complete information was available concerning duration appear to have taken 20 months or more from commencement of clearance to completion of production.
- Complete information was available for only 2 of the Case Studies. Of these, one took a little more than 8 months and the other around 22 months.
- Complete information about duration was available for only 6 of the 12 Technical Updates and points of view. Of these, 4 took between 12 and 20 months and the other two took 4 and 7 months.

It is clear that on the whole, Secretariat staff perceptions about the duration of the process of clearance and production are borne out by this analysis of actual time taken for a sample of documents.

Other than issues associated with delay, the Information Centre identified a policy vacuum and a dependence on external parties as **weaknesses** of the production process:

Policy vacuum

- There is a lack of clarity about who has responsibility for costs, both human and financial. Responsible staff members in technical areas often do not accurately estimate costs especially for more variable items like Key Materials. Also the process for tracking allocation of costs makes it difficult to show complete costs (for each document) and then to budget. The cost is often partitioned between the Information Centre and particular responsible departments. This also makes it very difficult to obtain accurate estimates of the relative costs of the various stages of development, review, production and dissemination.

Similarly, the report on WHO publications noted 'the lack of clarity as to the location of responsibility and decision-making power for the different aspects and stages of the publishing cycle' and variations amongst departments in terms of whether they had dedicated funding for publications. The responsibilities for clearance and production etc within UNAIDS appear to be generally clear except with respect to responsibilities for budgets and cost control and management.

- Outsourcing and implications need to be explicitly confronted. The Information Centre has looked at outsourcing options but reports that the costs and quality issues involved in managing for quality would make outsourcing not worthwhile except in a few cases. UNAIDS needs to decide whether it is prepared to pay for the extra costs in managing for quality or sacrifice quality. As part of the process of managing for quality, guidelines would need to be developed. Processes would need to be put in place to ensure that files are not lost and that effective feedback processes are put in place. An additional practical issue that

would need to be resolved is the fact that payment schedules of UNAIDS often are not satisfactory to contractors.

- Translation issues need to be explicitly addressed and in particular whether UNAIDS is prepared to undertake translations and accept costs and quality implications. Currently all Technical Updates and Points of View are in all default languages and others are on a case by case basis because of the costs involved. Cosponsors sometimes take responsibility for translations but look to UNAIDS to co-ordinate and often say their translation people are overwhelmed. To resolve this issue of responsibility and resources for translation, policy needs to be formulated by personnel in UNAIDS at a higher level than the Information Centre, in collaboration with Cosponsoring organisations.

The report on WHO publications also noted that when considering what translations should be undertaken, it is important to set priorities in relation to needs of different target audiences and to appreciate that translation alone will not guarantee the relevance of materials to those audiences: 'adaptation to meet local needs demands attention not only to language but also to content and to the style and presentation of the material'. These comments were reinforced by observations from the field in the evaluation of the BPC in which interviewees from various regions commented on the need to adapt materials to take account of local content and cultural sensitivities.

Dependence on external parties

- Dependence on the co-operation of external parties – Cosponsors, free lancers etc who have other priorities that can slow the process – was identified as a current weakness.
- Difficulties caused by having others manage the contracts. WHO currently manages contracts. Information Centre staff were of the view that it would be better if UNAIDS managed contracts to allow more streamlined and more appropriate contracting.

An issue to be addressed is the policy vacuum with respect to BPC development and production including priorities, responsibilities and systems (budgetary and other), and performance standards. Further outsourcing should not be contemplated until these issues are resolved.

CHAPTER 4

DOES THE BPC REACH END USERS?

Information about how successfully BPC materials reach their target audiences comes from 4 sources:

- Interviews with members of the BPC team concerning distribution processes
- Analysis of requests for BPC materials from the Information Centre in Geneva
- The telephone interviews with recipients who are also considered to be potential amplifiers
- Interviews with Geneva-based UNAIDS staff concerning their perceptions about the extent to which materials are reaching their target audiences.

1. The distribution process

Mailing lists are the main mechanism for distributing materials. These have been compiled over the years to include a wide range of people who are thought of by UNAIDS as potential amplifiers. By amplifiers, UNAIDS means that it relies on these people not only to use the materials themselves but also to distribute them (or the information and concepts contained in them) more widely. Recipients and amplifiers on the mailing lists for the collection include:

- | | |
|----------------------------|---|
| ▪ Departments: Geneva | ▪ National focal points |
| ▪ CPAs, NPAs, ICPAs, ICTAs | ▪ National AIDS Programme directors |
| ▪ Theme group chairs | ▪ Programme Co-ordinating Board |
| ▪ Cosponsors – global | ▪ Donors - top leadership |
| ▪ Cosponsors - other | ▪ Other key partners e.g. NGOs and Business |

In all, almost 1300 individuals receive the BP materials during regular mail-outs. The sampling frame in Appendix 7 shows the break up of the total number of recipients amongst the various categories of amplifiers.

The vast majority of documents on the UNAIDS order form can also be downloaded from the web. The Information Centre also notifies people on the web and by email concerning the availability of documents. Unofficial but approved Spanish translations have been loaded on the SIDALAC web site in Mexico and there is an active programme of translation using an established former WHO translator.

In addition the Information Centre reports that it has a track record of being able to quickly package up materials to meet requests from UNAIDS own staff and Cosponsors for material to take to conferences. Storage to facilitate this process has improved.

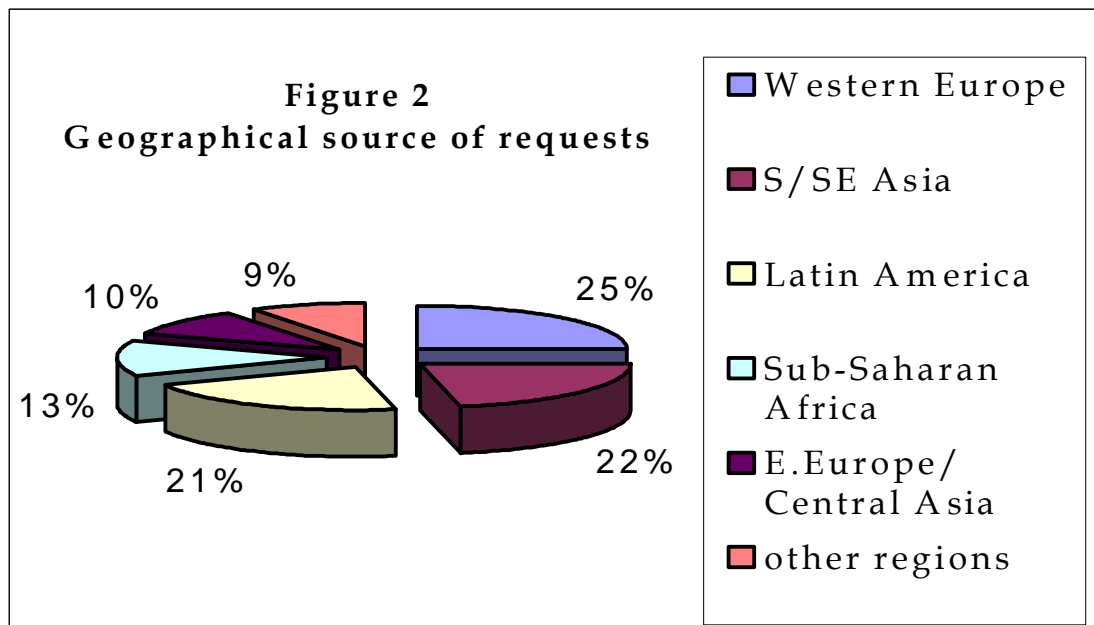
Other ways in which UNAIDS distributes materials include distribution at conferences. For example some 7500 documents were distributed at a recent conference in Kuala Lumpur and 4500 were distributed at Lusaka. However such opportunities are limited by the availability of staff and services, including storage space at the conference. There is also the question of whether the 'broadcast' approach to distribution is cost effective relative to more targeted distribution.

Some partners also distribute large volumes of materials. For example Rotary International has asked to distribute 1000 copies of the Summary Booklet. In addition through the CPA in India the Information Centre is considering local printing of BP materials.

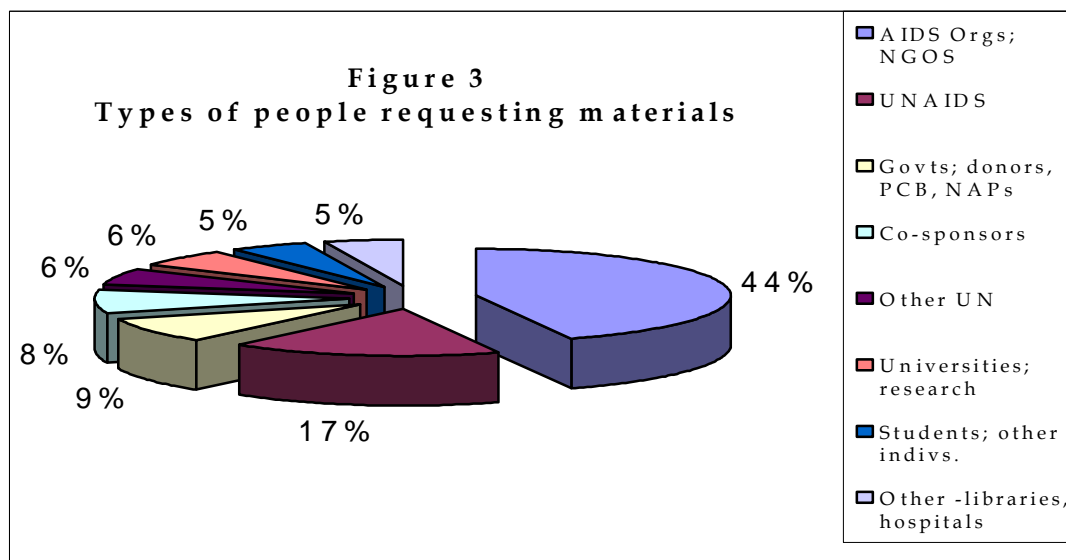
In addition, interested parties can directly request materials from the Information Centre. An analysis of requests to the Information Centre in the period of December 1998 to May 1999 showed the types of people who requested materials and the geographical origin of those requests. Figure 2 shows the distribution of requests by geographical region.

Amongst the three regions with a reasonably substantial volume of requests (more than 200) the profile of requests for different types of materials tended to be similar. A possible exception was that Western Europe tended to request fewer GPA/WHO documents (4% compared with 15% average for all regions) and more Technical Updates (28% compared with 18% average for all regions).

The differences were not large and may not be replicated in any analysis that might be conducted in the time periods immediately before and after the period sampled. On the other hand the difference may reflect other factors such as the stage of development of awareness and knowledge of HIV/AIDS in the different regions.



When requests were analysed according to the type of person making the request the results were as shown in figure 3. It would appear from figure 3 that the bulk of requests are coming from people (or their organisations) who would already be on the Information Centre mailing list. However, the data are ambiguous on this point since an analysis of whether requests seemed to be initial requests or requests for additional copies suggested that many of the requests were initial requests in response to an e-mail from UNAIDS announcing new materials.



Only a relatively small number of WHO/GPA documents predating UNAIDS are available in multiple languages. Hence the following analysis of languages in which materials were sought is based on requests of UNAIDS materials only:

- 58% of requests were for documents in English
- 25% of requests were for documents in French
- 17% of requests were for documents in Spanish.

The general order of magnitude of these percentages is as might be expected given that all of the documents on the list used for analysing requests are produced in English, 59% of them are also available in French and 50% are available in Spanish. However, the requests are even more strongly weighted to documents in English than would be expected (i.e. the ratio should have been 100: 59: 50 (English, French, Spanish) rather than 100: 44: 32 as occurred in the actual pattern of requests).

Given that requests for French and Spanish documents are proportionately under-represented amongst the total number of requests, there may be a need to ensure that French and Spanish target audiences are aware of just how many documents are available in their languages.

2. Ease of access to materials

It appears that access to materials is relatively easy once people know about them and seek them. Most (59%) telephone interviewees reported that it is always or usually easy to obtain materials with only 10% reporting that it is often or occasionally difficult to obtain them. The remainder reported that they did not know how difficult it was to obtain materials or that the question was not applicable to them. Presumably this was because they already had the materials and/or had not sought them.

Interviewers reported that some interviewees commented that since they had visited Geneva and/or made personal contacts with Geneva based staff the process of obtaining materials and knowing to ask for materials had become easier. People who have the personal contacts may also be more inclined to request materials.

However, some interviewees reported receiving the documents in the wrong language. In some cases this had occurred despite specifically requesting the materials in a particular language. A few people reported not having received some materials regularly and several reported that they had not received Presentation Graphics (of which there are only a few).

In addition, several interviewees were not aware of the order form until it was sent to them in preparation for the interview.

3. In what form do interviewees obtain materials?

Excluding WHO/GPA documents that preceded the Best Practices Collection, 81% of documents on the list of publications (May 1999) can be downloaded from the web. The Web also provides information about 500 or so Key Materials that can be obtained from locations other than the UNAIDS Information Centre.

About half of the interviewees have access to the web. Nevertheless around 70% of those who have access to the web receive the materials in print form only with about 30% receiving materials in both print and electronic form. While around half of those that have access to the web would like to receive materials in both print and electronic form, if they had to choose between the two modes the vast majority would prefer to have print versions.

Preference for the print form stems from a variety of factors identified by interviewees:

- Ease of distribution
- Attractive appearance, colour, and more 'official looking' for ministries
- Easier to annotate and pass on
- Technical difficulties with electronic versions – stability, time and cost to down load, reliability of connections, and need to format web page to fit an A4 page.

Some nevertheless appreciated having access to electronic versions especially for personal use and others believed that, as use of the web becomes more widespread, electronic form will be more in demand. A few interviewees preferred electronic form because they were able to adapt or translate the documents directly and because they could search the subject matter of the documents. Electronic form often arrived sooner than print form and that was a clear advantage. Having more of the documents in electronic form would be appreciated and some said they would like the documents to be in CD Rom form. Some interviewees commented that the UNAIDS web-site is often not known by those who may like to access its materials and suggested that the web address should be put on all UNAIDS documents.

The Information Centre acknowledged that the current web site is difficult to navigate in order to find documents to download and that more work is needed on the web-site to improve the accessibility of the documents. Costs and time involved in managing a web-site, updating links etc were cited as significant impediments to loading more material onto the web. Resources would need to be assigned to working on the web-site if it is to become effective as a prominent

means of distribution of BP materials. A web master has been recently appointed who will be able to address the issues raised in this evaluation.

4. What approach do interviewees take to distributing materials?

UNAIDS distributes a relatively small number of copies to each person or organisation on their mailing list. UNAIDS hopes that these people will distribute the materials to others who they know might be interested in them or whose attention should be brought to the materials and the ideas and information contained in them. UNAIDS expects amplifiers to play an active role in distributing materials not just a reactive one.

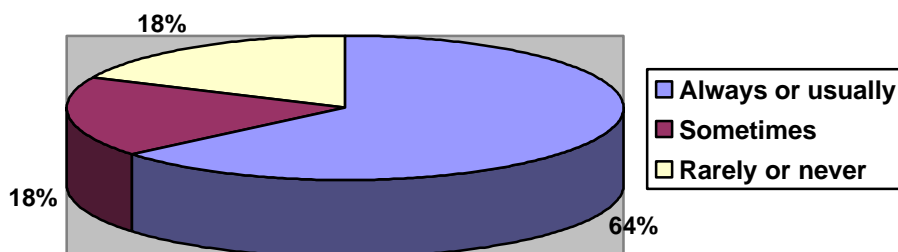
Overall, the data that follow suggest that it is reasonable to conclude that most of the interviewees do function as amplifiers. However the extent and regularity of this amplification may be less than UNAIDS would hope for.

Of those interviewees who distribute materials, about two thirds consider the distribution processes to be at best moderately effective with only a third considering their processes to be very effective. Many interviewees suggested possible improvements that they could make or that UNAIDS could make to the distribution process. These are reported in section 4.5 below.

4.1 *Do recipients of BP materials actively distribute them to others? Respond to requests?*

Figure 4 shows the percentage of interviewees that report that they distribute BP materials.

Figure 4: Percentage of interviewees that distribute BP materials



Of those who always, usually or sometimes distribute materials:

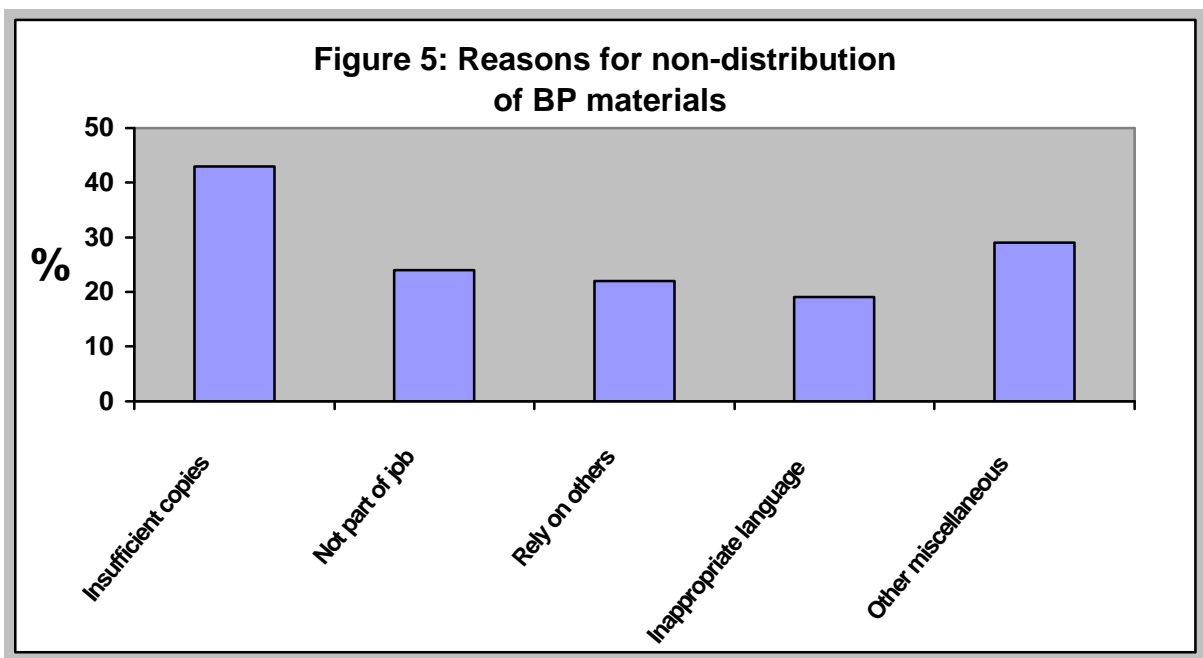
- 35% initiate widespread distribution
- 40% initiate distribution to a few people and then wait for others to request the material
- 8% distribute only on request
- 17% distribute on some other basis.

Only 38% of interviewees reported that they understood their role as a distributor of materials prior to being informed through the interview process. A further 15% were only vaguely aware of their role and the remainder did not see themselves as having a role in distribution or had not thought about it before.

Hence it seems reasonable to conclude that a significant proportion of interviewees are distributing materials on their own initiative and not in response to any expectation of UNAIDS when they send them the materials. It may be that if UNAIDS expectations concerning distribution were more clearly communicated to recipients then the distribution would increase.

UNAIDS needs to address the issue of ensuring that people who are intended to be amplifiers are aware of their role and supported in their execution of that role.

Interviewees who do not typically initiate distribution or who distribute to only a small number of people most frequently gave the reasons for non-distribution or limited distribution as shown in figure 5. Some gave multiple reasons. Examples of reasons included in 'miscellaneous other' included comments that photocopied versions are not as attractive and that cultural sensitivities would suggest that the materials are not suited to some groups such as media and religious groups.



Thus, the telephone interviews showed that the greatest impediment to wider distribution of the materials was the number of copies available.

If UNAIDS were to consider distributing more copies to amplifiers it would need to weigh the benefits of doing so against the costs, including costs and logistics of storage and distribution and the potential wastage in cases where more copies are received than are needed.

It may be that a more customised mailing list could be developed in which regular recipients indicated how many copies they would like to receive. Alternatively UNAIDS could routinely distribute many more copies to those groups on the mailing list that they could reasonably expect to be amplifiers (e.g. UNAIDS personnel at all levels) with a stated expectation that they distribute the materials. At the risk of being patronising, UNAIDS might also provide suggestions about the types of people to whom amplifiers might distribute

Of those who do not distribute the materials, only 12% cited insufficient resources to *reproduce* the materials as a reason and only 8% cited insufficient resources to *distribute* materials as a reason for not distributing the materials. Even fewer (3%) cited lack of time to copy and distribute the materials as a factor.

4.2 To whom do interviewees distribute materials?

Of those who reported that they distribute UNAIDS materials

- 38% distribute selectively i.e. make decisions according to the particular material. Selective distribution could mean that distribution is better targeted but it could also mean that it is unsystematic and haphazard
- 26% use a regular mailing list for distribution of materials
- 12% use a combination of a regular mailing list and selective distribution and
- 22% distribute in some other way e.g. at conferences.

A little over half of the interviewees were able to estimate to how many people they would typically distribute UNAIDS materials: about two thirds typically distribute to 10 or fewer people.

Interviewees were also asked about the types of people to whom they distribute materials. Their responses are shown in Table 3. Types of recipients are ranked in order of those most frequently identified as *usually* receiving materials from interviewees.

The specialised and technical nature of some of the materials would make them unsuitable for particular groups amongst those listed (e.g. businesses and perhaps even vulnerable groups). It is therefore not surprising that these groups are identified as rarely receiving the materials.

It is interesting to note that only a relatively small percentage of interviewees usually or sometimes distribute the materials to field workers e.g. care providers. It is possible that neither UNAIDS nor the mediators through whom they distribute information see the materials as being suited to such field workers. It may also be that interviewees inaccurately assume that some groups are receiving materials directly from UNAIDS. Other reasons such as perceptions about role and number of copies have been discussed earlier in the report.

TABLE 3: TYPE OF PERSON TO WHOM MATERIALS ARE DISTRIBUTED BY AMPLIFIERS

| Type of recipient | Percentage of interviewees distributing usually, sometimes, rarely or never to each type of potential end user (rounded percentages) | | |
|---|--|--|---|
| | <i>Usually</i> distribute to this type of person | <i>Sometimes</i> distribute to this type of person | <i>Rarely/never</i> distribute to this type of person |
| In house colleagues | 54 | 7 | 39 |
| Community volunteer sector, NGOs, CBOS | 43 | 9 | 49 |
| Managers of HIV/ AIDS projects and programmes | 41 | 8 | 50 |
| Technical working group members | 41 | 4 | 45 |
| Theme group members | 40 | 6 | 54 |
| Specialists and members of TRNS | 35 | 5 | 60 |
| National leaders | 30 | 10 | 60 |
| Miscellaneous others | 29 | 3 | 68 |
| Cosponsor staff | 25 | 14 | 60 |
| Field workers | 24 | 11 | 64 |
| Media | 20 | 22 | 58 |
| District and province managers | 21 | 7 | 72 |
| Donors | 12 | 11 | 77 |
| Religious groups | 11 | 17 | 72 |
| Role models other than national leaders | 10 | 3 | 85 |
| Businesses/private sector | 8 | 16 | 76 |
| Vulnerable groups | 5 | 5 | 89 |

These data provide a reasonable basis for drawing conclusions about how many amplifiers *distribute* the various materials to the various groups and individuals. However, the data do not provide a sufficient basis for drawing conclusions about who *receives* the materials except at the extremes of the distribution.

So, for example, the fact that 30% of interviewees usually distribute to national leaders could mean that nearly all national leaders receive the materials since only one amplifier in each country need give the material to a national leader. However the data could also disguise an

alternative situation in which only a few national leaders are receiving multiple copies coming separately from several amplifiers. Current data cannot be easily analysed to test the likely validity of these alternative scenarios. Follow-up with end users would be required.

4.3 *How do interviewees distribute materials?*

Examples of distribution techniques used by interviewees include the following:

Circulars, newsletters and mailing lists

- In *China*, the NPA has 150 people on a regular mailing list out of which 40 are on a priority list
- Twice a year a complete list of available materials is published and circulated in *Poland*. A newsletter goes to about 1000 people. If they express an interest in particular items the theme group chair arranges for translations
- In *Dakar* information from UNAIDS publications is sometimes included in newsletters.

Web and other media

- *Vietnam* uses a web-site "netnam forum" which has around 1000 subscribers to inform subscribers about the availability of the UNAIDS materials
- In *Zambia*, they use the health email system to advise subscribers about the availability of materials
- In *Fiji*, the use of radio in sharing information is said to be highly effective

Workshops and meetings

- Quite a number of interviewees printed the order form from the web-page and distributed them at workshops
- In *Slovenia* the materials are distributed at multi-sectoral meetings
- In *Dakar* materials were distributed at an HIV development workshop all over Africa.

Other organisations and Information Centres

- In the *Czech Republic*, massive distribution of the materials is achieved through the National Aids Committee
- *Trinidad and Tobago* use the existing infrastructure of CAREC (the Caribbean Epidemiological Centre) to handle all distribution within the Caribbean region
- In *Thailand*, a wider distribution strategy is employed by using the UNICEF offices for distribution at an international level, whilst the availability of the materials is mentioned in UNICEF's quarterly newsletters
- In *Namibia*, 3 to 4 BP materials are always included in a WHO package of information sent out on a quarterly basis to all districts of the country, NGOs, ministries of health / sport and hospitals
- In *Mali*, a library is used as an information warehouse, where lists of available materials are posted. If people are interested, the library provides them with photocopies
- In *Canada*, materials are filed in the Aids Committee of Toronto Documentation Centre that was said by the interviewee to be the largest in the world.

Individuals

- In *Latvia*, national experts are used to target materials to the general public

- In *Fiji*, copies of the BP materials are sent to the managers of all the islands in the Pacific, as well as to the Pacific churches commission, various ministries, and the National Aids Programme
- In *Angola*, a copy of the materials is given to the Head of state and the First Lady.

Of those who distribute materials, the vast majority usually distributes materials in their original form rather than adapting them first (85%). They distribute them in print form (81%). Many considered that there was little need to adapt the materials prior to distribution while others did not have the time to do it. However it would appear that interviewees do adapt materials for purposes other than immediate distribution: around half of the interviewees said they often adapt materials and another quarter of the interviewees sometimes adapt the materials.

An approach that is commonly used to adapt the materials involves summarising the materials either for translations or press releases. The majority of interviewees had incorporated parts of the materials in their presentations, speeches, and lectures. Most found adapting the materials quite straightforward and easy and that they gave ideas and structure to presentations. There were, however, some who had difficulties due to the fact that the quoted examples were not seen to be relevant to their region. Others found the language to be too scholarly or that the message was lost in the bulkiness of the materials and that it took a lot of time to summarise the contents.

The following are some examples of the types of adaptations done with the BP materials:

Lectures, speeches, presentations and workshops

- In *Namibia*, materials have been adapted for lectures at the Poly-technical University and for official documents in relation to the presentation of progress reports to various ministries
- A BP document on the status of AIDS in the *Central African Republic* was adapted on to transparencies and used in a lecture given to the Military. In attendance were various Ministers
- A BP document on HIV and drugs was used in a lecture given at a conference organised by a Canadian project on prevention against HIV amongst drug users in *Russia*
- In *Eritrea*, "Listen, learn, live" was adapted for a speech delivered at a presentation of World AIDS Campaign meeting with the WHO
- In *Senegal*, the epidemiological reports were used in teaching lectures at medical schools
- The theme group chair in Jordan quoted from UNAIDS materials on the prevalence of AIDS in the region during a strategies meeting in *Syria*
- Once a week in *Tanzania*, a leaflet is prepared incorporating materials from best practices, the latest of which was used in a trade meeting
- Guidelines on resource mobilisation have been used in various workshops (no country specified).

Publications, journals, newspapers etc

- 'Counselling and HIV/AIDS' has been published both in medical journals and those intended for the general public in the *Czech Republic*
- In *Sweden*, materials are often adapted for inclusion in scientific papers and introductions to politicians by presenting the epidemiological updates very regularly
- Williams from *UK* used the Case Study 'AIDS education through Imams' as a reference to write a book

- The UNAIDS Focal Point in *Latin America* distributes information from UNAIDS publications by choosing a UNAIDS document and summarising it as a supplement to a monthly NGO newspaper that goes to a targeted audience of 100,000 readers. Space has been purchased from the NGO for this purpose.

Drama

- In *Azerbaijan* UNAIDS materials have been used as reference material to produce appropriate messages for a television soap –drama
- In *Belize*, the national focal point has initiated a drama presentation on HIV transmission together with the National Aids Task Force and has already suggested to UNAIDS that it document the drama in a video format for accessibility to the vulnerable population
- In *Fiji*, some of the materials were used in a script performed by a theatre group at the first pacific regional conference
- In *Gabon*, materials on care and support have been especially adapted for the provinces, by having children perform in informative sketches concerning modes of contamination.

Miscellaneous (unspecified)

- Guidelines on breast-feeding were adapted for the *Kenyan* population
- The strategic planning guidelines were adapted for district assessment in *Botswana*

Not surprisingly, the languages in which interviewees distribute the materials correspond to the working languages of the interviewees. Of those who distribute materials, 8% usually translate the documents into another language more suited to those they work with and a further 25% sometimes translate the materials.

The fact that materials were often not in an appropriate local language was seen as a major impediment to their dissemination but in general countries did not have the resources to undertake translation. Some interviewees commented that only the main documents and those that focused on region specific issues need to be translated.

Nevertheless there were some notable examples of translations that had been undertaken. Sometimes translations were done personally and on other occasions delegated to an official organisation (e.g. UNESCO helped with translation of materials in Romania). Other examples included:

Latin America and the Caribbean

- UNAIDS graphics and Points of View have been translated for use as slide and transparencies in *Panama*.

Europe

- The Technical Update 'Counselling and HIV/AIDS' has been translated into *Czech*;
- The WAC materials were translated into *Hungarian*
- In *Russia*, 7 Key Materials and 2 Technical Updates have already been translated into *Russian*
- 'Women and AIDS' has been translated into *Polish*
- The 'Listen, learn, live' video was adapted by translating it into *Polish*.

East Asia and the Pacific

- Up to 2000 copies of *Chinese* translated versions of the BP materials have been printed. A big project to translate prioritised Key Materials in the next two years is foreseen.

South and South East Asia

- Quite a number of documents have been translated into *Vietnamese*
- In Thailand, even though funds have been set aside to translate some of the materials into *Khmer*, some of the Executive Summaries have already been translated into *Vietnamese, Khmer, Laotian, Thai and Chinese languages*
- In the *Maldives*, community education materials (particular document not specified) were translated into the local language

Sub-Saharan Africa

- Materials have been translated into *Arabic* and integrated in the National AIDS Programme documents in Sudan
- In Angola, materials are adapted and translated into *Portuguese* for use in theatre work and in targeted spots on television
- 'The Male Latex Condom' was translated into *French* in Benin.

4.4 Do interviewees make others aware of availability of materials?

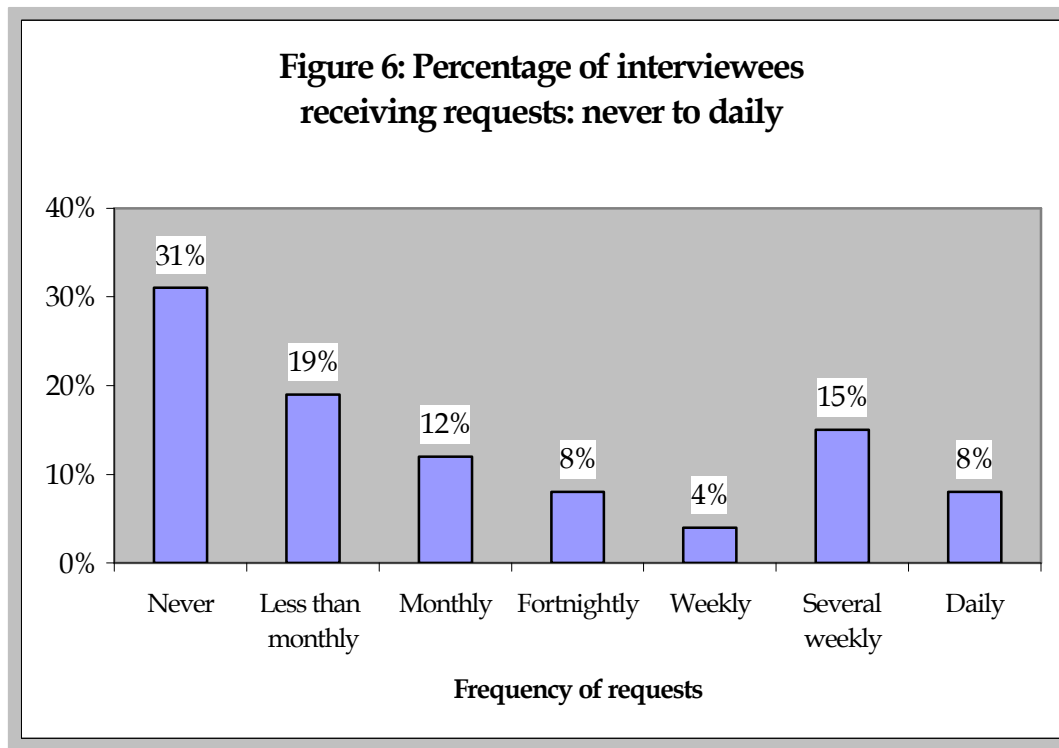
Another approach to distribution is for recipients of materials to make others aware of their availability so that they can request copies if they are interested. Around 80% of interviewees (including many of those who do not themselves distribute materials) take steps to make others aware of UNAIDS materials. For the most part they invite people to contact them to obtain the material rather than referring them to the Information Centre in Geneva or to other third parties.

Examples of approaches to making others aware of the materials included circulating them internally, sending a copy to their library, advertising them at conferences, workshops, in publications and by circulars. In some countries a list of available materials is 'posted' fortnightly by computer. Others found word of mouth an effective means of making others aware of the materials.

Only 31 interviewees (19% of the total sample) said that they rarely or never make others aware that UNAIDS material is available. The most common reasons given were that they do not receive enough copies to meet the requests that might be generated (11 interviewees) and that they do not see it as part of their job to make others aware of the materials (8 interviewees).

Although most interviewees say that they take steps to make others aware of the availability of BP materials, the level of requests for materials made to interviewees appears to be relatively low. Some 87% of interviewees were able to comment on frequency of requests for UNAIDS materials. Of these about half rarely or never receive requests. Figure 6 presents the results.

While these results might suggest a lack of interest in the materials they may also mean that the market is already largely saturated using a combination of the Information Centre's mailing list and the distribution strategies of amplifiers. However since many amplifiers do say that they would like more copies it would seem that there is potential for further distribution.



4.5 *How could distribution be improved?*

Perspectives of telephone interviewees

The two major problems hindering the distribution process seem to be the number of copies sent out and the languages in which materials are produced. The majority of the interviewees confirmed that they received only 1-3 copies of the materials. Some commented that if they were to produce more copies it would place a huge financial burden on them, since they have neither the facilities nor funds to photocopy these materials for wider distribution. The country offices that could achieve effective targeted distribution (such as countries in Africa and Haiti) also do not have the necessary resources to either photocopy the materials or to translate them. At this stage, the materials go to peak organisations rather than grassroots because of the language barriers.

Some countries, like Gabon would like to receive as many as 50 copies of each material to enable distribution to all the interior provinces. Several suggested routinely receiving many more copies than the customary 1 to 5 copies that they currently receive. Some suggested that if the materials were printed on lesser quality paper, then the cost could be reduced and quantity increased, thus assuring more widespread distribution. However the Manager of the Information Centre questions whether lower quality production would result in real savings.

With respect to regionally relevant materials, a common suggestion was that specific language regions should take responsibility for translation, adaptation and dissemination of materials.

One of the questions in the interview schedule dealt with suggesting types of people or institutions through whom intended users of UNAIDS materials could be reached. The answers are varied. While some reflect the ignorance of interviewees concerning current distribution processes others may be interesting for UNAIDS to pursue⁶. Suggestions included:

- By identifying NGOs that deal with specific topics such as gender, a specific audience could be targeted
- Materials should be sent to the European Union Asia and Africa desks as well as to the GTZ in Germany
- Materials should be made available to university students (mainly medical students) and researchers (this could occur through CPAs)
- The President's office and Ministries should be put on the UNAIDS mailing list (Belize)
- The Kuala Lumpur Conference scheduled for October 1999 would be a useful venue for wider distribution of the materials (as noted, materials were in fact distributed at this conference)
- Schools and educational institutes which are multipliers, should be used
- Regional institutions, such as Institut Pan Africaine du Développement in Burkina Faso
- Libraries
- Religious groups of all convictions
- Red Cross and Red Crescent
- All WHO representatives, regardless whether they are in the Theme group or not
- UN agency workshops such as UNICEF
- Traditional leaders (Africa) who are influential at the community level
- Service organisations such as the Rotary and Lyons clubs, etc (these are currently used to some extent).
- Materials could be sent directly from Geneva to centres of documentation. There are four such centres in Benin
- By sending materials to the 'Blue libraries' which are reference libraries set up by WHO in every district in Mauritania (this approach has been explored by the Information Centre but the materials do not always meet the criteria for inclusion in the Blue Trunk Library)
- In Eritrea, in an attempt to expand the UNAIDS theme group, new members from the ministries, the European Union and the Norwegian Consul are being included
- Family Planning Associations.

Perspectives of Geneva based Secretariat staff

Information Centre staff and other Secretariat staff in Geneva also identified areas of possible improvement with respect to distribution of materials. Information Centre staff believed that authors should be giving more consideration to the intended audiences and distribution processes at the time of writing documents. They considered it likely that responsible staff members may need assistance in thinking through communication processes and to be realistic about the likely level of demand.

To this end they have endeavoured to provide some such assistance by asking responsible staff members to provide information on the document production form about intended recipients of the material. They have encouraged responsible staff members to think about mailing lists, other special audiences, journals, conferences etc.

⁶ The Information Centre could cross check the suggestions against its current mailing list

The approach taken to the development of the case study 'AIDS education through Imams' was cited as evidence of the successful application of a well considered communication strategy.

“‘AIDS education through Imams’ was one document that went through such a process and the feedback in relation to this document and its transfer to other contexts has been excellent. There was a well thought out production, distribution and use strategy.”

The Case Study was written in such a way that lessons learnt about dealing with religious barriers in the context of the Imams study (a Muslim context) could be and have been extracted for use in dealing with barriers in Catholic contexts.

Other Secretariat staff also commented that the requests for more copies of this document from other countries had been a good indicator of the success of the document and its distribution.

One person commented that it would be helpful to have mailing lists for topic specific target audiences so that the responsible staff member did not have to think through the process each time. A more effective alternative might be for responsible staff members to keep and update their own lists that they could provide to the Information Centre.

Part of an effective communication strategy would involve better information about how to use and transfer BP materials and information. Authors need skills in drawing out lessons learnt so that their relevance to other contexts can be appreciated. Writers need to be thinking right from the start about what lessons they want the reader to take away. This could, for example, be in the form of a list of 'do's and don'ts'.

At the same time authors need to recognise when there may not be enough empirical evidence to be able to say with confidence what the critical factors were in a given context, let alone how one might transfer to another context. Moreover, although guidance about use can be provided, expertise at the country level will be needed to apply the guidance.

Most Secretariat staff were of the view that while they could be reasonably confident the BP materials reached UNAIDS staff and others on the mailing lists they had little confidence that the materials were distributed further. People that they met at conferences did not seem to have received them. It was thought likely that some recipients hoard the materials.

Some were of the view that it is unreasonable to expect amplifiers to reproduce and distribute materials but that they (especially CPAs) should be a good source of information about to whom materials should be sent by UNAIDS. However the view was also expressed that some CPAs do not know their countries well enough to know to whom materials should be distributed⁷. This has implications no matter whether distribution is done from Geneva on CPA advice or by CPAs and leads to a questioning of some of the assumptions on which the amplifier approach to distribution is based.

Information Centre staff and others considered that more use needed to be made of in-country communications expertise and networks. Information Centres funded by UNAIDS would provide a mechanism for channelling UNAIDS and Cosponsor documents. Because of the communications expertise that such centres would have, they would perform far more than a

⁷ The process of promotion and transfer of staff was thought to contribute to this lack of knowledge.

post box function. Their staff would be communications strategists, librarians, adapters of materials for use with local audiences. The main difficulty identified in relation to the concept of country or regional Information Centres would be their cost and the fact that they may lead to demands for materials that would be in excess of what UNAIDS could cope with. Careful decisions would need to be made about where to locate any such Information Centres in order for them to have maximum effect.

The comment was made that documents are most likely to be read by recipients if they arrive at a time when the issue in question is of interest to the recipient. Otherwise the documents will be put aside and recipients will not recall their contents, may lose them or they will become 'doorstops'. For this reason it is important that documents be available on the web for reference when the need arises.

However, others believed that distribution through the web is too passive an approach. It was suggested that collaborating centres and others need to have as part of their terms of reference the expectation that they will disseminate UNAIDS materials. Other suggestions were that when materials are sent they be accompanied by a letter explaining the material, possible target groups and uses and that technical assistance and 'ambassadorial visits' be offered. The latter approach when used was effective in generating requests for assistance.

Appendix 5 identifies some of the possible inefficiencies and targeting problems of the current mailing lists that might also be considered for purposes of improving distribution.

In summary some of the issues that might be explored further to improve distribution include:

- the establishment and/or support of country or regional information centres
- working more actively with other in-country and regional networks including Technical Resource Networks and Collaborating centres, and
- more explicit incorporation of dissemination responsibilities in the terms of reference of CPAs. These responsibilities could include actual distribution and/or identification of interested potential recipients.

CHAPTER 5:

USER UNDERSTANDING AND APPRECIATION OF THE BP MATERIALS

This chapter addresses the following issues:

- Do those who have received the materials read them? Are they therefore in a position to comment on their quality?
- What do they see as the strengths and weaknesses of the materials?
- Do they consider some types of materials better than others?
- What do users see as the opportunities for improvement?

1. Do people read Best Practice materials?

Virtually all telephone interviewees maintained that they at least have a look at materials they receive from UNAIDS. Some 37% of the interviewees read or partially read⁸ all or most materials that they receive and a further 56% read or partially read some of the materials they receive. Overall it is reasonable to conclude that interviewees do read some or all of the materials they receive. This also means that they find at least some of the materials to be of interest and that they are in a position to comment on what they see as the strengths and weaknesses of some of the materials they have received. They are less well equipped to comment on the strengths and weaknesses of the collection as a whole.

Only the UNAIDS interviewees (including Cosponsors) were asked about the relative strengths and weaknesses of the different types of UNAIDS materials (Technical Updates, Key Materials etc). About three quarters of these interviewees professed to be aware of the fact that the collection consists of different types of documents (Technical Updates, Key Materials etc).

However, although interviewees knew there were different types of documents they were not always clear about how they differed from one another. For instance, some pointed out that Technical Updates also contain case studies (more accurately, case examples). One interviewer commented that quite a few of the Theme group Representatives and CPAs/ICTAs were unaware of the different types of materials, their specifics and purposes. They were only aware of the UNAIDS BP materials as a whole.

Given that many recipients are not aware of the differences amongst the types of materials and yet as shown in the next chapter they use them for a variety of purposes, UNAIDS needs to consider the costs and benefits of continuing to have the different types of documents.

Around half of the interviewees considered that it would be useful for them and other end users to have more guidance about the different types of documents and how to use them. For some the guidance required was simply about availability of materials and how to request them. For others the issue was about targeting guidance to particular types of recipients.

⁸ Or view videos etc.

Suggestions about possible types of guidance included use of videos, graphic presentation of materials, and publications for the public concerning the BPC, guidance for focal points and amplifiers. Some interviewees considered that guidance for the use of the materials should come from the implementing level, taking into account the critical needs for information and situations in which materials could be used. At the implementation level, it was considered that the materials should not be technical and should offer policy guidance.

2. What are the strengths and weaknesses of the materials?

Telephone interviewees were asked what they considered to be the main strengths and weaknesses of UNAIDS materials. The question was an open-ended one but their answers were coded against a list of 15 strengths/weaknesses that had been identified while piloting the interview. Interviewees could identify as many or as few strengths and weaknesses as they liked.

The frequency with which each of the 15 attributes was identified as a) a strength or b) a weakness is shown in Table 4. Attributes are listed in order from those most frequently identified as strengths to those least frequently identified as strengths. Because the question about strengths and weaknesses was an open-ended one, the percentages refer to the number of people that volunteered that a particular attribute was a strength or weakness⁹.

Only two weaknesses * stand out and they concern the relevance of the materials to the particular situations of interviewees and the related issue of whether the materials are in the right language.

Following the open ended questions about strengths and weaknesses, interviewees were also asked a specific question about the extent to which materials in the UNAIDS collection meet needs that are not met by other materials i.e. whether they fill a gap not met by other materials. This question was directed to determining whether the collection is perceived to be adding value to what is available through other means. In response to this question:

- 65% said that to a large extent the materials fill a gap
- 25% said they did so to some extent
- 4% considered that they duplicate other materials already available
- 6% had no opinion on the matter.

These results are a strong endorsement of the value-adding role of the collection.

Interviewers reported that interviewees had identified other strengths and weaknesses that are shown in Appendix 10. Their views are reported without comment on their validity by the

⁹ The percentages may have been higher if each respondent had been asked to give a rating in relation to each attribute but such a questioning technique was not feasible within the context of a telephone interview. To illustrate: when asked an open-ended question about strengths of the collection, 39% of interviewees volunteered that a major strength of best practice materials was that they filled a gap not met by other materials. When asked to respond to a closed response question addressing the same issue 65% said that the materials filled a gap to a large extent and a further 25% said that they filled a gap to some extent.

evaluator since these purported strengths and weaknesses are the perceptions of the end users to whom the materials are directed.

TABLE 4: STRENGTHS AND WEAKNESSES IDENTIFIED BY INTERVIEWEES

| Attribute | % identifying this attribute as a strength of the BPC | % identifying the absence of this attribute as a weakness |
|--|--|--|
| Addresses needs not met by other materials or means: fills a gap | 39 | - |
| Authoritative, best practice, gold standards, provide policy | 36 | 2 |
| Technically correct; provide technical support | 34 | 3 |
| Easy to comprehend, clear messages, readable | 32 | 9 |
| Range of topics addressed by the collection | 28 | 5 |
| Attractiveness of presentation, user friendliness | 26 | 6 |
| In a style that can be used for advocacy | 25 | 1 |
| In a format or form that can be easily reproduced and/or adapted | 23 | 6 |
| Up to date, current | 20 | 5 |
| Relevance to our situation/ needs; transferable information | 12 | 26* |
| Focuses on lessons learnt | 9 | 1 |
| Provides practical tools that can be used easily | 9 | 3 |
| Recognises cultural issues; tackles sensitive issues well | 3 | 2 |
| In the right / wrong language | 1 | 21* |

Many of the strengths included in Appendix 10 are already represented in the table above. Comments about strengths that simply repeat or are a variation of the attributes listed in the table are not repeated in Appendix 10. By contrast the comments about weaknesses tend to be more idiosyncratic and not as easily identified with attributes in the table. As a consequence, many more comments about weaknesses are reported than comments about strengths.

Comments of Geneva based staff are also included in Appendix 10. As for telephone interviewee comments, their views are reported here without comment except to say that it is clear that there is significant variation in opinion amongst Geneva based staff. Much of this variation relates to different views about what the BPC should be and try to achieve i.e. the concept of 'best practice'

Most Geneva based interviewees commented that they were not sufficiently familiar with the collection as a whole to make general statements. On the whole, few of the 20 people involved in the interviews expressed concerns about those documents with which they were familiar. Several commented that the real test of quality was in terms of how useful they are to people at the

country level but that they were generally unable to comment on how the materials were regarded.

Understandably there are conflicting views amongst all interviewees (telephone and Geneva based Secretariat interviewees) about some features of the BPC. For example, some individuals saw the red ribbon symbol as a strength while others saw it as a weakness. Some comments were general (e.g. 'materials are concise and ethical') while others were quite specific (e.g. 'nothing on the technique of how to use the female condom').

A qualitative analysis of the comments led to them being presented as relating to:

- image, style and production
- purpose, audience, use and value added
- content and quality
- development, production and distribution processes where they were identified as particular strengths or weaknesses.

Appendix 10 includes tables of comments classified according to the above categories. Briefly the comments may be summarised as follows:

2.1 Image, style and production

Those interviewees who were positive, liked the crisp brand image of the red ribbon, the conciseness and user friendliness of the materials.

Conversely, those who were negative found some materials repetitive and too long, the presentation bureaucratic and lacking in variety and several believed that the materials should be translated into more languages in order to achieve the desired impacts.

2.2 Purpose, audiences and value added

Those who were positive commented on the accessibility of materials to different audiences, their value as a means of sharing information, their usefulness for advocacy purposes and for dealing with sensitive issues and for meeting requests for information.

Those who were negative commented on the need for practical tools and for materials that are adapted to different local circumstances and needs, the lack of clarity about intended use and status of the materials.

2.3 Content and quality

Those who were positive commented on the fact that the materials were in-depth, technically sound and HIV/AIDS specific, reflect the global situation and deal with socio-economic issues.

Those who were negative commented on lack of systematic selection of topics and materials for inclusion and resulting gaps in the collection, the need for regionally relevant materials and information/case examples on how other countries are dealing with particular issues.

2.4 *Development, production and distribution processes*

Most comments from the field related to delays in the distribution process and insufficient copies. Geneva based staff were also concerned about delays in developing and producing materials, dissemination problems including difficulties in ensuring that the documents were translated into appropriate languages. Lack of co-ordination and clarity concerning responsibilities, focus, priorities, strategies for development and sequencing of development were also mentioned by Geneva staff.

3. **Are some types of BP materials more effective than others?**

The BPC includes several different types of materials:

- Technical Updates
- Points of View
- Case Studies
- Presentation Graphics
- Key Materials including World AIDS Campaign and general materials.

Each type is intended to serve a different purpose.

Of those interviewees that were asked to comment on the relative usefulness of the various types of materials:

- 71% considered Technical Updates to be very useful, followed by
- Presentation Graphics (65%) and
- Key Materials (60%).

One interviewer noted that many people reported not having seen Case Studies and indeed there were only a small number available at the time of the interviews so it is not surprising that they would be less frequently identified as very useful. Similarly there were only 9 Points of View listed at the time of the interviews.

However, number of publications of each type is not the only determinant of perceived usefulness. There were only 16 Technical Updates compared with around 60 Key Materials at the time of the interviews and yet Technical Updates were the most popular resource. This feedback suggests that interviewees may be looking to UNAIDS as a source of authoritative technical information. Nevertheless some of the interviewees voiced a concern about whether, in view of the constant changes in the AIDS field, the materials were up to date and technically correct.

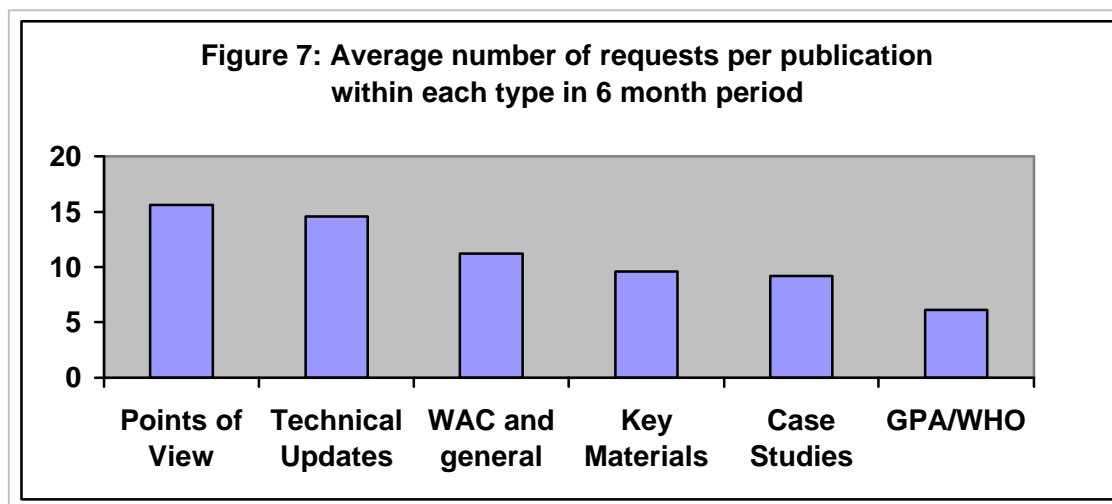
Analysis of requests for materials made to Geneva over a six month period from December 1998 to May 1999 also provided some interesting insights into the relative value of the different types of materials from a user perspective.

The total number of requests for materials was 1372 of which:

- 604 requests were for Key Materials (of which there were 63 on the list used for analysing requests)
- 233 requests were for Technical Updates (of which there are 16 listed)

- 189 requests were for GPA/WHO documents (of which there are 31 listed on the BPC Order form but predating the establishment of UNAIDS)
- 140 requests were for Points of View (of which there are 9 listed)
- 67 requests were for World Aids Campaign and other general documents (of which there are 6 listed)
- 55 requests were for Case Studies (of which there are 6 listed)
- 84 requests were for other materials such as red ribbons, t- shirts.

However when one takes into account the number of publications available in each category then a different picture emerges concerning the relative popularity of different types of documents. From figure 7 it can be seen that Points of View and Technical Updates are the most popular documents relative to the number of such documents produced.



Taking into account ratings of usefulness and levels of requests it appears that Technical Updates and Points of View are the most valued types of documents. However from other comments throughout the interviews it is also clear that interviewees would like to have more Case Studies or case examples produced, dealing with regionally and topically relevant subject matter.

UNAIDS may wish to consider the possibility that it focus its development and production efforts on Technical Updates, Points of View and Case Studies (or inclusion of more case examples in Technical Updates) taking a more reactive role in relation to the receipt and incorporation of key materials.

Comments on particular types of materials included the following:

3.1 Technical Updates

Positives

- Good summary of the issues for particular audiences but not for the general public
- Very appealing as background technical information and reference point
- All decision makers can use it in their daily work

- Useful for advocacy
- Some considered them to be state of the art in providing information and keeping people abreast of developments.

Negatives and /or suggested improvements

- Conversely, some believed they became outdated very quickly since development on care and treatment issues moves very fast. An example was 'Mother to child transmission of HIV' which an interviewee considered should be updated regularly and distributed as soon as it is printed rather than wait one year
- Sometimes too general, not specific to the title (no particular example given).

Requests to Geneva for Technical Updates over the period of December 1998 to May 1999 were spread fairly evenly over the 16 Technical Updates with *The Public Health Approach to STD control* being the most frequently requested document (24 requests) and *Access to Drugs* being the least frequently requested document (6 requests).

3.2 Points of View

Positives

- Good as an introduction to the subject matter
- Useful in targeting information receivers
- Succeeds in focusing attention on what the media should pass as messages
- Approach allows people to interact
- They are well prepared and can influence the general public.

Negatives and / or suggested improvements

- Need more Points of View (suggested improvement)
- Regret that they are not more authoritative
- Some are considered very basic and not very profound
- Some found that they did not adequately represent the views of Cosponsors.

Quite a number of interviewees congratulated UNAIDS on the vast improvement seen since last year in the despatching of the press releases ahead of time.

Requests to Geneva for Points of View over the period of December 1998 to May 1999 were spread fairly evenly over the 9 Points of View with *AIDS and men who have sex with men* being the most frequently requested document (24 requests) and *Putting HIV/AIDS on the business agenda* and *The female condom* being the least frequently requested Points of View (11 requests for each).

3.3 Case Studies

- Relevance of the geographical area, culture, and religion are important factors in targeting and in perceived usefulness. Requests were made for the development of specific Case Studies aimed at the Caribbean, Eastern Europe and Asian countries, since each of these regions has different problems influencing the spread of the HIV/AIDS virus. A need was expressed for Islamic materials dealing with the Near Eastern countries and Asia, which are different in behavioural patterns from Islamic Africa
- Useful lessons are included but there is a need to more explicitly identify and apply lessons learned from Case Studies; suggestions and conclusions when included are very useful

- More Case Studies are needed – not enough of them
- They are useful for the agencies but not so useful for government. On the other hand, some considered that Case Studies could be used convincingly with government
- Some would like to know the selection process and necessary criteria for the elaboration of Case Studies
- They take too long to prepare and distribution is therefore delayed.

Particular examples of use of Case Studies

- The Case Study on Thailand¹⁰ was shared with programme planners at the district level in Kenya
- 'AIDS education through Imams' was very useful in penetrating a conservative Muslim community in Ghana.

Analysis of requests for Case Studies from the Information Centre in Geneva showed that the most frequently requested Case Studies were the three that had been published in 1999 (13, 15, and 18 requests) compared with 3 requests for each of the three Case Studies published in 1998. It would appear that any immediate surge of interest that may have followed the publication of the 1998 Case Studies was not maintained through to 1999. Of course since no data are available for 1998 it is not possible to tell whether any such surge occurred following the release of the 1998 Case Studies.

3.4 *Presentation Graphics*

Presentation Graphics were reported by two of the three interviewers as being widely used and found to be a very practical tool in presentations while the third interviewer (Spanish) reported that few interviewees had seen Presentation Graphics.

- Some like the idea of having graphics on the web since they can use the same frame for their own presentations
- They are useful at short notice for presentations
- They are distributed during briefings, workshops and awareness raising events
- They are used with the media
- Transparencies on the World AIDS situation have been used in conferences in the Central African Republic
- Presentation graphics are very popular amongst NGOs and Youth workers in the Pacific islands for use in their own presentation
- In Mauritania, some transparencies were used in a television debate
- More graphics needed for didactic purposes.

3.5 *Key Materials and World AIDS Campaign Materials*

Many of the comments appear to be about the WAC materials rather than Key Materials more generally.

Positives

¹⁰ There are two case studies on Thailand: 'Reducing Girls Vulnerability' and 'Connecting lower HIV infection rates with changes in sexual behaviour in Thailand'. It was unclear from the reported comments to which of these two case studies the interviewee was referring.

- Very useful for technical groups
- Useful for political purposes and increasing visibility of issues.
- They are the materials that are most asked for by partners.
- They are focused and easy to refer to
- Some are easily distributed especially in non-reading cultures
- Videos on WAC shown on Fijian television and distributed in the region
- Red Cross distributed 'Staying alive' to all their field workers in the Pacific region
- WAC materials are an effective public relations tool
- MTV material was useful for Europe
- Covers all areas for any type of sensitisation (awareness).

Negatives and/or suggested improvements

- Difficult to translate and many documents are not useful for some areas e.g. Panama
- Titles and contents don't reflect one another
- Most would like to receive more posters, videos and pins
- They're difficult to digest especially on youth issues. Excessive amount of information
- Videos not adaptable to certain countries
- MTV material did not make sense for Caribbean youth
- Materials almost always arrive late. Several interviewees complained about the delay in receiving the WAC materials.

Requests to Geneva for particular Key Materials in the period December 1998 to May 1999 ranged from 3 or 4 requests per document to 38 requests for the most popular document: *the AIDS Epidemic Update December 1998*, with the next two most popular documents being the *Report on the Global HIV/AIDS epidemic, June 1998* (22 requests) and *Drug Use and HIV/AIDS -UNAIDS statement presented at the United Nations General Assembly Special Session on Drugs* (19 requests). The approximate average number of requests per Key Material was 10.

3.6 Other materials that could be included in the collection

Suggestions related to:

- materials targeted to particular audiences e.g. youth
- different types of materials (e.g. flyers, bulletins, non-print materials)
- different subject matters or topics.

Particular suggestions in these various categories are included in Appendix 11 and are referred to UNAIDS for consideration. It should be noted that some of the suggestions (e.g. those relating to the preparation of materials for particular target groups such as youth) may fall outside the generally accepted mandate of UNAIDS.

3.7 Topics included in the collection

With respect to subject matter and topics, almost all interviewees considered that the collection addressed the range of topics in which they were interested either very well (42%) or quite well (47%). However, many interviewees (72%) also suggested other topics for which they would like BP materials. Suggestions concerning topics to some extent reflected how familiar (or not) interviewees were with the collection.

Many suggestions related to topics that are already represented in the collection. In some cases interviewees were asking for more materials relating to those topic areas e.g. counselling, drug related issues, care and prevention, availability of condoms, youth, social/community mobilisation. More information was requested on socio-economic determinants and impacts of HIV/AIDS. Some interviewees requested topics that from the titles of the BP materials do not appear to be included in the BPC. These requests are included in Appendix 11. The full list of topic suggestions are included in this report at Appendix 12.

4. Opportunities for improvement

Not surprisingly, opportunities for improvement identified by interviewees flow directly from the weaknesses that they identified. In addition to the suggestions made in relation to particular types of materials and topics, interviewees made various other suggestions. These are included in Appendix 13 and are referred to UNAIDS for consideration. Several of the suggestions came primarily from Secretariat staff based in Geneva.

In summary the suggested improvements related to:

- the need to involve others more (agencies, Cosponsors, key partners and Theme groups, local NGOs, media) in the production process of the materials to have their input and feedback
- more distinctive packaging of different types of materials (*primarily Geneva based staff*)
- more active distribution strategy (both print and electronic) with clearer roles and responsibilities at all levels, but especially at country level and in relation to CPAs and focal points (*primarily Geneva based staff*)
- simplification of language and/or translation into local languages
- more extensive identification, development and use of Case Studies, examples and practical tools
- more strategic development of materials including deliberate focus on areas in which UNAIDS can add value rather than duplicating materials available from others, active development of materials in priority topics rather than all topics and of materials that give reasonable coverage across levels and regions (*primarily Geneva based staff*)
- preparedness to distribute information about work in progress and discussion papers rather than delay dissemination of material until definitive information or consensual views have been achieved (*primarily Geneva based staff*)
- the need to provide other supportive strategies such as technical resource networks to be used in conjunction with materials: avoidance of over dependence on materials (*primarily Geneva based staff*).

CHAPTER 6: HOW AND BY WHOM ARE BPC MATERIALS USED?

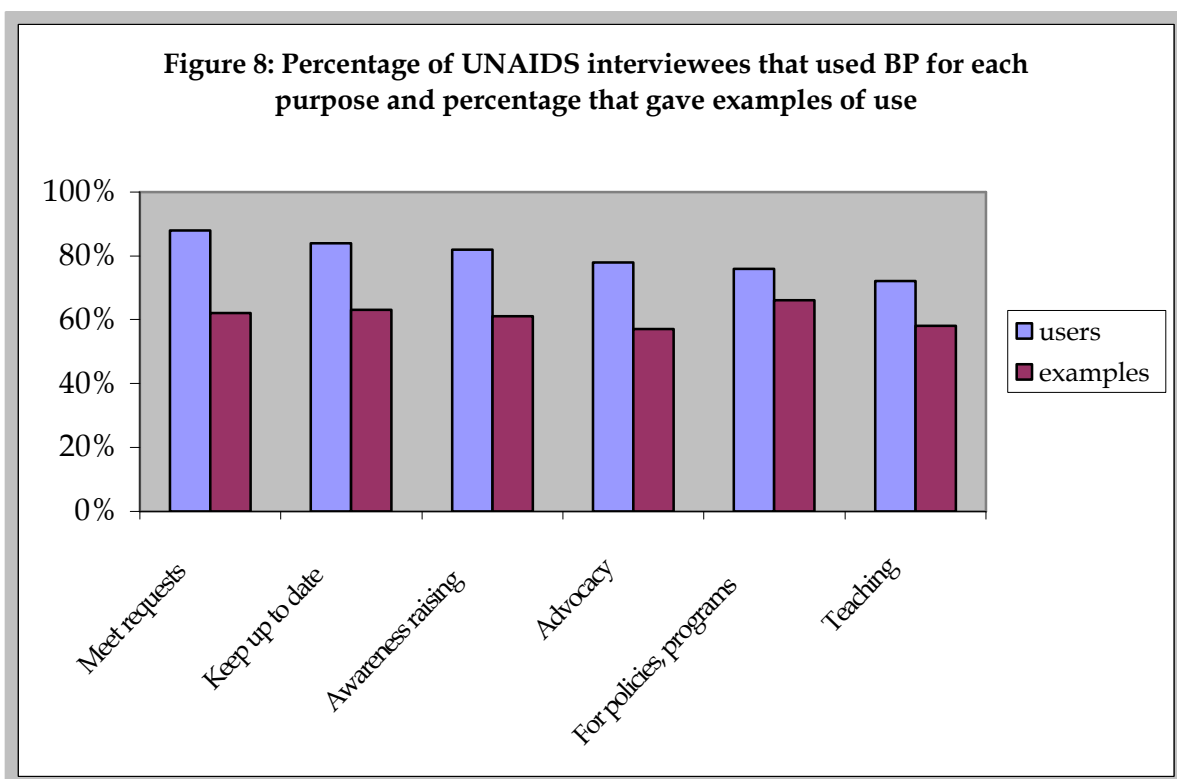
This chapter includes information about

- Use of BP materials, purpose of use and examples
- Impacts of use on awareness and commitment, actions to reduce transmission, and actions to improve care and support
- Assessment by Secretariat staff in Geneva of the value added by the BPC to the work of UNAIDS.

1. Use of BP materials

Only those telephone interviewees who had indicated that they had made others aware of the materials, and/or adapted or distributed them and/or were familiar with the materials were asked about use (141 of the 164 interviewees). Of these 141 interviewees, 82% (about 70% of the full sample) said they or others had used UNAIDS materials for one or more purposes.

Those groups that received the abbreviated interview and who said they had used the materials were simply asked for examples of use and these are included amongst the qualitative data. Those groups that received the full interview (UNAIDS personnel – at regional and country levels) were asked more specific questions about types of use. The results in figure 8 are based on responses from more than 80 respondents that received the full interview. Percentages are percentages of those respondents rather than percentages of the full sample. Around 60% of interviewees who indicated that they had used materials for a particular purpose were able to give an example of use.



There is a degree of arbitrariness about how various examples of use should be classified in terms of purpose (awareness raising, advocacy etc). What is clear, however, is that the examples of use span a wide range of purposes, and materials and that usage is spread across the globe rather than confined to just some regions.

UNAIDS may wish to consider publicising the examples of use as a reminder and an inspiration to others to use the materials.

Secretariat staff in Geneva were also asked what evidence they had of use and impact of the materials. Several commented that they have very little information about use of the materials and considered this lack of information a weakness of the programme. Their comments, where they relate to use for specific purposes such as advocacy, are included alongside those of telephone interviewees in the sections that follow. In addition, they made the following general comments:

“ ‘AIDS education through Imams’ is now being used in other Muslim countries. I have also seen programme people using ‘Tuberculosis and ‘AIDS’ and ‘Women and AIDS’.”

“Some say that the materials are not useful because they don’t address local priorities: others say the particular topics are useful e.g. documents on injecting drug users are used in Europe.”

“Materials on business partnerships¹¹ are popular with UN agencies.”

“NGOs are distributing materials on prisons¹² in Latin America.”

“Particular countries make requests for particular Technical Updates.”

“We hear examples of use at conferences. Often when we cite a document in a speech we will get many requests for it afterwards.”

“I have seen some examples in which materials were considered by country people to be not relevant to their situation e.g. the prisons document was not seen as relevant in countries where they are struggling to get basic amenities in prisons.”

“Technical Updates are used for standards, advocacy and programme planning. These are practical uses rather than use for academic citation. They were not intended to be for the latter. They are supposed to be able give people who have minimal technical background and often only moderate command of language a good understanding of the main issues. References are provided for those who want more technical detail.”

1.1 Use to meet requests for information

Some 88% of UNAIDS interviewees (global, regional and country) had used UNAIDS materials to meet requests for information and, of these, 62% were able to give examples of how they had used materials to meet requests. From the interviewees' responses it is obvious that most of the BP materials have been used in some form or another to give out information, whether in meetings, workshops, forums, overviews to the media, or simply to individuals who are part of vulnerable or at risk groups.

The major use of UNAIDS materials is in the context of gaining and providing information¹³.

¹¹ ‘Business response to HIV/AIDS’ and/or ‘Putting HIV/AIDS on the business agenda’

¹² ‘Prisons and AIDS’ Technical Update and Point of View by same name

¹³ Some of the examples identified by interviewers as being about meeting requests for information might have been more appropriately classified as use for awareness raising. However they have been retained in this section because the

Examples of uses of UNAIDS materials to meet requests for information include¹⁴:

Key Materials

- Documents on the female condom, the male condom, mother to child transmission, surveillance figures, working with youngsters have been used by the UNAIDS liaison office, USA to meet requests for information. (The BPC also includes a *Technical Update* on Mother to Child transmission and a *Point of View* on the female condom)
- Documents on STDs, and 'The implications of anti-retroviral treatments' have been used in the *Philippines*.
- All documents related to sexual transmission are often supplied as information to schools. All gender related documents and national Strategic Planning Guidelines of UNAIDS are used by the ICPA in *Madagascar*
- Information regarding confidentiality was provided to the Ministry of Information in *Namibia*
- 'The implications of anti-retroviral treatments' is being used in a methodical guide with a hygienist in the *Slovak Republic*
- In *Zambia*, 'Integrating HIV/STD prevention in the school setting' was provided to the educational system to be integrated in school curriculum
- 'Business response to HIV/AIDS' was used in seminars addressed at the business/private sector in *Ghana*
- In *Mali*, 2 workshops with the Imams and one with the Catholic Mission were held to involve them in the teaching of HIV preventive measures (may also have used 'AIDS education through Imams').

Case Studies

- 'AIDS Education through Imams' Case Study video was shared with the National AIDS Programme and religious leaders in *Yemen*.

Technical Updates and Points of View

- 'Community mobilisation and AIDS' was used in community mini projects which are managed by villagers for AIDS projects, public gatherings and specific community programmes in *Jordan*
- 'Counselling and HIV/AIDS' was used in community mobilisation meetings in the *Ivory Coast*; (there is also a *key material* concerning counselling)
- Quotations from 'HIV/AIDS and the workplace' was used in seminars addressed at the business/private sector in *Ghana*
- NGOs in *Russia* have an 'infoshare' centre, the main task of which is to collect all information on HIV and translate and distribute (600 clients). Translations are being sent to Médecins Sans Frontieres. Materials used were and 'Prisons and HIV' (may have been *Technical Update* or *Point of View* by the same name) and "Harm Reduction" (no document by the name 'Harm reduction' is listed but may have been a *Key Material* such as HIV/AIDS prevention in the context of new therapies)
- 'The female condom' and 'Men who have sex with men' were used in a UNFPA project - clinic for sex workers in *Fiji*

evaluator was not privy to the background discussion that led to these examples being recorded as instances of meeting requests for information.

¹⁴ An attempt has been made to classify examples according to type of materials (Key Material, Technical Update etc) where specific information is provided. However sometimes documents with similar names appear as different types of document e.g. Female condom appears as a Key Material, and a Point of View. Sometimes 'best guess' classifications have been made based on a combination of subject matter, audience and purpose of use.

- In *Mauritius*, 'Access to drugs' was provided to the media and published in the weekend issues
- In *Zambia*, 'Learning and teaching about AIDS at school' was provided to the educational system to be integrated in school curriculum
- In *Angola*, in a meeting organised about AIDS in prisons the material 'Prisons and AIDS' was used in preparing the briefing
- Workshops were organised together with the Ministry of Health to train nurses and health workers in STDs in *Benin*. The material 'Cost-effectiveness analysis and HIV/AIDS' was used
- 'Counselling and HIV/AIDS', 'Blood safety and HIV' (may also have been Point of View of the same name), have been used in *Cambodia* to meet requests for information.

World Aids Campaign and General Documents

- 'Working together towards a safer world' was distributed at the University of *Sana'a*
- The brochures 'Working together towards a safer world' and 'Reaching out in partnership to the wider community' were used in Youth Forums in *Gabon*.

General, unspecified or not possible to identify from the order form

- Information about HIV/AIDS was given out to the media in *Bangladesh* who devote up to two full pages to the subject in their weekend issues
- In women's committee groups training programmes for their truck driver husbands and in training addressed at hairdressers/barbers, an amalgamation of examples from different materials were used in *Ghana*
- 350 copies of "Mode of transmission" were supplied to a school for their students in the *Central African Republic*.

1.2 Use for self education and keeping up to date

Some 84% of UNAIDS interviewees had used UNAIDS materials for purposes of self education, keeping themselves up to date and of these 63% were able to give examples:

Key Materials

- Various materials dealing with the behavioural aspects of HIV/AIDS were used in the plan of action of this year in *Yemen*
- 'Prevention of HIV transmission from mother to child' has given necessary information for the creation of a task force in *Thailand*
- 'Partners in prevention' used in *Namibia*
- 'Sexually transmitted diseases: policies and principles for prevention and care' was used in *Sri Lanka*
- Surveillance figures for purpose of updating in the *USA*
- The socio-economic documents in *Mozambique*.

Technical Updates and points of view

- 'Gender and HIV/AIDS' was used in *Sri Lanka*
- During preparations and research for various projects, proposals used 'Mother to child transmission of HIV' and 'Access to drugs' in *Mauritius*
- Whilst preparing country programme documentation, the material 'Gender and HIV/AIDS' helped crystallise some of the concepts in *Papua New Guinea*

- Documents on teaching about AIDS at schools are used by the ICPA in *Madagascar*.

General, unspecified or not possible to identify from the order form

- The National Aids Committee in *Yemen* used all the materials from the BPC for self-education.

1.3 *Use for teaching*

Some 72% of UNAIDS interviewees had used UNAIDS materials to teach others and of these 58% were able to give examples of use for teaching:

Key Materials

- Behavioural texts were used in schools by the National Aids Committee in *Latvia* as a preventive measure
- Sex education was introduced in schools together with a programme on HIV/AIDS confidentiality issues in *Fiji*. A material on sex education in the school system was used as reference (may have been the *key material* - 'Integrating HIV/STD prevention in the school setting' - or the *Technical Update* - 'Learning and teaching about AIDS at school')
- In an HIV/AIDS workshop in *Zambia*, an overview of the latest innovations were given using 'HIV and Infant feeding'
- In a workshop organised for the mobilisation of the business community, used 'Business Response to HIV/AIDS' in *Swaziland*
- Epidemiological data for presentations and bibliography material for doctorate thesis (NAP, *Romania*).

Case Studies

- In *Bangladesh*, 'AIDS education through Imams' was adapted and taught in the Madrasahs (Islamic Schools). The material was, however, adapted to suit their own purposes in teaching students that sex outside of marriage will lead to AIDS.

Technical Updates and points of view

- In *Vietnam*, 'HIV/AIDS and the workplace' was used to train managers and workers in the factories
- 'Counselling and HIV/AIDS' was used to train counsellors in *Kenya*
- Youth materials (unspecified) were taught to scouts and 'Access to drugs' was taught at the University in the *Ivory Coast*
- A UNAIDS staff member commented that *East Anglia University* uses 'Cost - effectiveness and analysis and HIV/AIDS' for development economics courses. Other universities that use the materials are *Witwatersrand, Capetown, London School of Hygiene and Tropical Medicine*
- In an HIV/AIDS workshop in *Zambia*, an overview of the latest innovations were given using 'Gender and HIV/AIDS'.

WAC and general documents

- WAC materials and statistics have been used in presentations to post-graduate students who will become sex educators in *Poland*.

General, unspecified or not possible to identify from the order form

- Used with local groups, UN assemblies, briefings with women from South Africa to exchange experiences on the BP materials. (UNAIDS liaison office, *USA*)

- Workshops with technical people (ICPA, Philippines)
- Most documents used for Theme group members to understand their roles (TGC, *South Africa*)
- In *Djibouti*, BP materials are discussed during sessions named "Mondays of UNDP" during which the use and contents of same materials are explained to the NGOs, etc.
- Materials distributed to the educational institutions, are currently being used in the school curriculum in *Sudan*
- In *Ghana*, the role HIV/ AIDS in reproductive health from a range of different materials were used in lectures at the Institute for African Studies, at the UNFPA funded institute for Population Studies and at the University of Accra School of Public Health
- Presentation Graphics used at University lectures and workshops, as well as for post graduate training sessions in *Hungary*
- Posters and leaflets have been translated by NGOs into Oriya, in *India*
- In *Haiti*, nurses and hospitals in the provinces were taught on the prevention of contamination
- Seminars, workshops (prevention workshop for the military in *Venezuela*)
- Lectures, advice to programmes, consultations, dissemination and counselling, meetings, community work, publications, research and dissemination (no country specified).

1.4 *Use for awareness raising*

Some 82% of UNAIDS interviewees had used UNAIDS materials for purposes of general awareness raising with the general public or particular groups or individuals and of these 61% were able to give examples of use for awareness raising. General awareness raising is achieved mostly through press releases, fairs, conferences as well as through the campaigns of the various National AIDS Programmes in various countries. The use of less technical information contained within press releases and WAC materials was seen as more appropriate for general awareness raising. A number of interviewees used epidemiological transparencies and mappings in their general awareness raising presentations to political leaders, NGOs, etc.

Key Materials

- Graphic presentations of the 'AIDS epidemic update' were used for spots on the local television on World Aids day (no country specified).
- At trade union congress meetings, the impact of HIV was illustrated using different materials in *Ghana*
- Press releases were sent out in *Fiji* on 'HIV and infant -feeding'
- Photocopies of extracts from 'Sexually transmitted diseases: policies and principles for prevention and care' were made and put on slides and presented to various audiences in *Mauritius*
- In *Angola*, a seminar for the oil and diamond mining companies was organised where 'The business response to HIV/ AIDS' was used.

Case Studies

- 'AIDS education through Imams' was delivered to the interfaith group which comprises the major religions in *Zambia*.

Technical Updates and points of view

- Press releases were sent out in *Fiji* on 'Mother to child transmission of HIV' (may also have been a key material with similar name)

- The gender documents have been used for awareness raising in *Mozambique*.

WAC and general documents

- In the *Czech Republic*, WAC materials are used twice a year , on the 1st of December and at the candlelight memorial.

General, unspecified or not possible to identify from the order form

- Use of Miss Universe as UNAIDS Ambassador to give press releases and interviews on the occasion of the Miss Universe elections in *Trinidad and Tobago*
- In *Indonesia*, a presentation of HIV/AIDS using a collection of informative materials from the BPC were delivered in a speech and a television interview
- In *Angola*, target messages were developed during the African basketball finals and Miss Angola was persuaded to become an ambassador for UNAIDS
- In *Nepal*, the head of the National AIDS Centre uses the materials for general awareness raising and increased commitment
- In *Malawi*, issues surrounding testing were very emotional. UNAIDS materials were used with the National Aids Committee to help people to become less emotional and to see the need for discussion and consultation.

1.5 Use for advocacy

Some 78% of UNAIDS interviewees had used UNAIDS materials specifically for purposes of advocacy to persuade others to take action or to promote a particular point of view and of these 57% were able to give examples of use for advocacy. Case Studies and case examples were found to be one of the best tools for advocacy. One interviewer reported that there appeared to be some demand to increase the number of success stories especially those dealing with community mobilisation and social marketing.

Key Materials

- 'Impact of HIV and sexual health education on the sexual behaviour of young people' has been a good deterrent for the youth in *Thailand*
- 'UNAIDS progress reports' were used in seminars with members of parliament, other UN agencies and religious leaders in *Sri Lanka*
- The latest speech of Peter Piot was used in addressing the youth and Ministers on World Aid Day in the *Central African Republic*
- A regional seminar was held for 28 lawyers based on documents highlighting the legal and ethical aspects of HIV/AIDS in which 'HIV/AIDS and Human Rights' was used in *Russia*
- In an interview about what has so far worked from the Human Rights angle, 'HIV/AIDS and Human Rights' was used in *Fiji*
- In meetings with ministers about the situation in Asia, the statement of the General Assembly on harm reduction and map series were used in *Nepal*
- The UNAIDS liaison office in the *USA* reports that materials have been used for the combined statement at the UN; General Assembly meetings, conferences with Cosponsors, on World AIDS Day, American AIDS Foundation meeting, Rotary International for which HIV/AIDS education and strategy presentations were used
- The global AIDS update has been used in *Mozambique*

- In *Peru*, materials have been used to reinforce positions (i.e. mandatory testing) and to advocate with Cosponsors (may also have been referring to *Technical Update* on this topic of testing)
- Materials used against mandatory testing in favour of human rights - no country specified (may also have been referring to *Technical Update* on this topic of testing).¹⁵

Technical Updates and points of view

- In *Vietnam*, 'AIDS and the military' was adapted for the use by the military police who are in charge of prisons
- In *Thailand*, selective use of charts, graphs from 'Mother to child transmission of HIV' were used in compiling presentations on mother to child transmission
- In *Sudan*, 'Refugees and AIDS' was presented to the UNHCR Representative in order to urge Cosponsors to help the situation by providing adequate funding.

WAC and general documents

- In *Djibouti* WAC documents and photos were shared with the National AIDS Programme for their actions and projects
- In *Guinea Bissau*, WAC materials were used by head of state/prime-minister in December to send messages to the people.

General, unspecified or not possible to identify from the order form

- In *Sudan*, the theme group representative, through the 25 NGOs working in the field of HIV/AIDS, has successfully managed to use the BP materials as an advocacy tool
- In *Yemen*, the UN agencies together with National AIDS Programme adopted the use of the BPC materials for their plan of action
- In the *Maldives*, a workshop was held for the tourism industry organised in co-operation with the Ministry of Tourism and the private sector
- In *Uzbekistan*, many of the materials help to support actions, particularly difficult in Muslim countries.

Examples of use of materials for advocacy given by UNAIDS secretariat staff in Geneva were as follows:

- The 'AIDS education through Imams' has been used to sensitise Muslim leaders in *Malaysia*
- Materials on sex health education have been used by Cosponsors, NGOs and National Aids Programmes for advocacy to affect policy
- Epidemiological materials while not being (about) best practices are what is most used and what people talk about. NGOs use them for advocacy and to keep up to date
- Each time a Point of View came out it was used to organise press conferences. It doesn't happen any more because there have been no recent points of view.

1.6 Use to develop and change policies, plans, programmes or projects

Some 76% of UNAIDS interviewees had used UNAIDS materials to develop and change policies, plans, programmes or projects etc and of these some 66% were able to give examples. When materials were used for such purposes they were generally used only as background material. The BP materials were used to assist governments to take a different perspective on certain

¹⁵ From these last two examples it would appear that the same UNAIDS materials are occasionally being used to support diametrically opposed positions, in this case for and against mandatory testins.

policies, to open their minds and to convince officials at the top level of Government. They were also used in the elaboration of projects and the implementation of programmes.

The 'Strategic Planning Guidelines' in the Best Practices Collection were the materials that were most often cited as having been used for developing and changing policies, plans, programmes or projects. Examples of use of the 'Strategic Planning Guidelines' have been clustered together at the beginning of the list of examples.

Use of Strategic Planning Guidelines for developing or changing policies, plans, programmes and projects.

- For the preparation of the National AIDS Plan for the next three years in *Hungary*
- For speeches advocating policy change and the national strategy in *Indonesia*
- In *Congo*, provided to the government to assist them in developing their Strategic Plans
- A situation assessment and system analysis taken from various BP materials will be used in a Strategic Planning Exercise Conference which will be held in *Russia* with the Federal government and 12 regional governments where all the big donors are invited
- The government of *Mauritius* has formulated another mid-term plan of action
- In finalising the process of strategic planning for *Zambia* for the years 1999-2001
- Use in an analysis that was instrumental in the government's planning process in *Angola*
- Use in *Papua New Guinea* in the process of assisting the national government with structural strategies to implement the government mid-term plan on HIV/AIDS
- For the development of national strategies in *Latvia*
- By the national government of *Botswana* and adopted by the districts. Four districts have already implemented the guidelines
- In *Colombia* as background material for projects, proposals and strategic planning development.

Key Materials (other than strategic planning guides)

- In *Belize*, the issue of vertical transmission is currently on the table with the Ministry of Health in a debate whether they will adopt a new policy and test all pregnant women
- In *Namibia*, 'Social marketing: an effective tool in the global response to HIV/AIDS' influenced policy on government structures of condom distribution and commercialisation
- 'HIV and Infant feeding' and 'Policy on HIV testing and counselling' are currently used in *Kenya* to ensure the government understands the implications
- In *Fiji*, in an ongoing process, the question of human rights, ethics and law was checked with UNDP and the Universities in order to ascertain which laws needed to be modified in some of the islands of region
- In *Sweden*, 'Operational characteristics of commercially available assays to determine antibodies' and 'HIV and Infant feeding' were influential in the planning for this year's work at a research institute
- When requesting funding from the government for new anti-virus drugs, UNAIDS BP materials were quoted which influenced the government in *Morocco*, the argument being if UNAIDS promotes the use of these antiviral treatments, then they should be "gold standard"
- Materials were used to develop/change policies (materials on HIV testing – may also have been *Technical Update* with similar name) – no country specified
- 'HIV/AIDS and human rights' was used to argue against discriminatory practices (violation of the human rights of people living with HIV/AIDS) in *El Salvador*
- The ICPA, *Philippines* used materials in technical working groups and developed plans on STDs, and used 'HIV and infant feeding'

- 'HIV/AIDS and human rights' has led to good discussions (i.e. one NGO worked in that area and asked the Government to purchase drugs for HIV/AIDS patients) in *Venezuela*
- 'Integrating HIV/STD prevention in the school setting' was used in *Cambodia* as one of the BPC materials used by the Department of Education to develop the curriculum
- 'Integrating HIV/STD prevention in the school setting' was used in *Latin America* to negotiate a project with the Ministry of education; BP criteria were used to guide the sequence of the project. There is to be a formal evaluation of the process in 2000.

Technical Updates and points of view

- 'AIDS and men who have sex with men' was used in policy relating to the gay population in the *Czech Republic*
- 'Refugees and HIV' was used as a working document for changing human rights policies in *Sudan*, by providing counselling and ensuring that the rights of those infected are defended and that they are not deported
- In *Ivory Coast*, 'Blood Safety and HIV' was used in the elaboration of a national policy on the use of safe blood
- 'Mother to child transmission of HIV'; was used in the elaboration of a project of prevention aimed to be in place in 1999 in the *Central African Republic* (may also have been referring to *Key Materials* addressing the same topic)
- In *Haiti* 'Mother-to-child transmission of HIV' was used in a project (may also have been referring to *Key Materials* addressing the same topic)
- In *Sri Lanka*, parts of 'Blood safety and HIV' have been incorporated into the National Policy on Blood Safety
- In *Cambodia*, 'Access to drugs', 'Aids and men who have sex with men', 'Prisons and AIDS', 'AIDS and the Military' 'HIV Testing methods' have been used for policy development. Points of View of the same names might have been used. 'Learning and teaching about AIDS at school' has been used by curriculum writers in the Department of Education for the development of the school curriculum.

General, unspecified or not possible to identify from the order form

- In *Ghana*, UNAIDS materials were used as a background material in a statement addressed at the current session of parliament in order to make parliamentarians aware of HIV/AIDS and inform them about how other countries were dealing with the epidemic
- In *Tanzania*, when preparing the National Aids Policy, consultants (medical students) were contracted who used the BP materials extensively
- in *Peru*, elements from materials incorporated in health policies
- To implement legislative measures on AIDS in *Costa Rica*
- National policies have been updated (no country specified)
- In *Bangladesh*, statements are tailored to fit current global thinking and situation in the country when preparing reviews of the health and population programme with the ministries
- Companies have used the material to revise and develop policies in *South Africa*.

Secretariat staff in Geneva gave the following examples of use of materials for policies, programmes, plans and projects:

- 'Community mobilisation and AIDS' document developed in Africa is now being used in 13 *Asia-Pacific countries* who are adapting it to their own circumstances. It is being used by people running a community programme
- Inter-country teams refer to the documents at meetings

- It can be inferred from *Uganda* planning that they are using the documents
- One example is the manual on reproductive health which was adapted and used by 12 countries and changed the direction of an in-country prevention programme so that it had more emphasis on life skills approaches
- 'Cost-effectiveness analysis and HIV/AIDS' has been used in *Malaysia* as part of strategic planning workshops.

2. Impacts of use

Level 5 in the hierarchy of outcomes refers to the impact of use of BP materials in terms of 'increasing implementation of relevant, effective, efficient, equitable and sustainable responses'. It was not feasible within a study such as this to collect the volume and quality of information that would be required to make judgements about whether responses were relevant, effective, efficient, equitable and sustainable. However the study did seek information from interviewees about whether use of materials had had impacts in terms of implementation responses without passing judgement about the appropriateness of those responses.

Around 150 of the full sample of 164 interviewees were asked questions about direct and indirect impacts of materials on:

- awareness of HIV/AIDS and commitment to addressing HIV/AIDS issues,
- actions taken to reduce transmission of HIV/AIDS and sexually transmitted diseases, and
- actions taken to improve care and support.

Table 5 summarises the results

TABLE 5: PERCENTAGE OF INTERVIEWEES INDICATING IMPACTS OF USE OF BP MATERIALS

| Direct or indirect impacts of use of UNAIDS materials on | Yes | Maybe | No or can't tell |
|--|-----|-------|------------------|
| Awareness and commitment | 29% | 15% | 56% |
| Actions taken to reduce transmission of HIV/AIDS and sexually transmitted diseases | 16% | 10% | 74% |
| Actions taken to improve care and support | 15% | 4% | 81% |

Not surprisingly, interviewees reported that it is difficult to directly link BPC materials to such impacts because there are many factors involved in producing such impacts. Examples of impacts are listed below. Some are quite specific and some rather general; some are cited with some conviction while others are more tenuous. In most cases it must be assumed that the use of BP materials was one factor amongst many that brought about the impacts. The claims concerning impact should therefore be treated with caution.

2.1 Impacts on awareness and commitment

Examples of increased awareness and commitment were as follows:

Latin America and the Caribbean

- In *Jamaica*, there's increased awareness at the national programmes level and increased commitment from policy makers
- Ethical debates have taken place (i.e. breast feeding and HIV mothers) in *Panama*.

Europe

- In the *Slovak Republic*, the 'Strategic Planning Guidelines' have prompted the development of the middle term plan of the national plan
- Maybe an improved awareness in *Russia* when there was a big meeting on HIV/AIDS in prisons (ICTA Denmark).

North America

- Advocacy worked, some statements are being echoed back and translated into targets (UNAIDS liaison office, *USA*).

South and South East Asia

- Even though it is difficult to attribute any impact to a single source, a strong impact in terms of allocating more resources could be seen in *Thailand*
- In National STD centres in the Philippines (ICPA, *Philippines*)
- Maybe it has had an impact on our demand reduction programmes as well as general public attention (TGC, *Pakistan*).

Sub-Saharan Africa

- Impact of an improved awareness could be seen by the extensive participation of youth in the AIDS campaign in *Kenya*
- Teaching/planning process helped government develop a 5 year plan in which some UNAIDS materials were used. The result being a National Multi-sectoral Plan for 5 years and an invitation to UNAIDS to be part of the Executive Committee in the National Planning in *Namibia*
- In *Ghana*, having distributed materials to the different Ministers, cabinet members agreed to set-up a special task force to which a mission from Geneva was invited
- In *Mali*, an impact was achieved by training NGO trainers and educators in the rural environment using the BP materials
- Improved awareness at all levels in *Mauritius*, no commitment as yet
- In *Zambia*, the strategic planning document that started two years ago, has created an impact in that it has been used in the participatory planning and monitoring of the epidemic
- WAC materials and the fact sheets have contributed in action taking plans at some level in the Ministry in *Gambia*
- Some of the materials have appeared in the press (*South Africa*)
- Improved awareness reflected in some standardisation in planning (*Burkina Faso*)
- Documents are an information tool that has led to new target goals within certain NGOs (NAP, *Chad*).

North Africa and Middle East

- Commitment from agencies and the government is noticeable in *Jordan* and there's an improvement in the other countries of the region.

East Asia and Pacific

- In *Fiji* an impact could be felt in that community leaders have started to speak out on the epidemic of HIV/AIDS.

2.2 Impacts on reduced transmission of HIV/AIDS and STDs

Some of the examples of impact may overlap with those given in relation to questions about different ways in which materials have been used. Examples included the following¹⁶:

Latin America and the Caribbean

- Establishment of a protocol for new legislation related to HIV/AIDS for national policy in *Panama*
- Promotion of the use of condoms, specialised consultation of STDs, and the production of a document on "standards of care" on STDs in *El Salvador*
- Impact on intersectoral planning in terms of actions taken to reduce HIV/AIDS in *Colombia*
- One NGO whose staff are commercial sex workers (AMBAR) used the female condom and promoted it to others in *Venezuela*
- Studies with commercial sex workers, courses on leadership in *Chile*.

Europe

- Care and support for HIV infected patients have improved in the *Czech Republic*.

South and South East Asia

- Care in prisons has improved in *Vietnam*
- Care and support for HIV infected patients have improved in *Vietnam*
- Shortages of condoms, issues and procurement have created a problem in *Vietnam* for which the government is looking into ways of finding donors. BP materials have contributed but are not solely responsible.

Sub-Saharan Africa

- In *Sudan*, the National AIDS Programme used the Strategic Planning documents which were adapted in a local brochure destined at the different communities
- The materials were used in the elaboration of a policy to develop a National Programme on AIDS in the *Ivory Coast*
- In *Angola*, an impact can be felt by the fact that people are requesting screening of blood when in need of transfusions
- Treatment of pregnant women with AZT played an important role in advocacy (*South Africa*)
- Most of WAC was chaired by head of state/prime-minister and probably resulted in better use of condoms (*Guinea Bissau*)
- WAC materials are believed to have had impacts (*Mozambique*).

East Asia and Pacific

- When students at the University of *Suva* came out in the open about their sexuality, it pushed the university to adopt a policy on HIV/AIDS
- In *China*, 'Prisons and AIDS' was translated into Chinese and sent to the Ministry, following which an improvement in the treatment of prisoners could be felt.

Unspecified locality

- UNAIDS/WHO condom specification has had a tremendous impact in reducing transmission. Can measure impact through quality of condoms in developing countries.

¹⁶ Only those regions for which examples were given are listed

2.3 *Examples of impacts on care and support*

Latin America and the Caribbean

- Actions taken to improve care: serologic testing, access to drugs and elaboration of a policy in Venezuela.

Europe

- Prison administrators in *Russia* have changed their approach towards infected prisoners by no longer isolating them.

Sub-Saharan Africa

- Having introduced the question of vertical transmission, the government has changed its perception of same in *Namibia*
- Community based programmes (care groups) are teaching care and support for infected patients in *Angola*
- In *Gambia*, a group of infected patients was formed to help and support each other
- A counselling programme at the University of *Khartoum* has been set up.

East Asia and Pacific

- Some impact in the hospitals in *Fiji*, in that it has enlightened the health workers on how to treat the infected. The materials are used by the Fiji Nursing Association

Unspecified locality

- Integration of care and support with health services in refugee camps. Rules for HIV/ AIDS have been set up as well as prevention activities in countries emerging from/or in a crisis situation (no country specified).

3. **Secretariat staff in Geneva – perspectives on value added by the BPC**

Secretariat staff were asked about the contribution made by the BPC in relation to the BP initiative as a whole and in relation to the objectives of UNAIDS.

There was a general acceptance of the fact that BP materials needed to be used in conjunction with other approaches for sharing best practices. Comments included

- Materials allow diffusion of best practices where other mechanisms for sharing are not available
- They are a mechanism for exchange amongst people working in different locations on different and similar types of problems. Materials should not be an end in themselves
- It is useful to have something to give to people, something they can take away
- They are a tool for communication amongst Cosponsors and this helps to co-ordinate the partners to achieve expanded responses
- BP materials assist UNAIDS to become a reference point as the number one organisation on HIV/ AIDS. Also it is good to be able to refer to authoritative sources in our work.

There was some agreement that an original pre-occupation with producing documents as the primary focus of the BP initiative had been replaced by:

- An acknowledgement that much valuable information has been produced by others and should be identified for inclusion in the collection rather than UNAIDS having “an imperative to produce, produce, produce”
- An acceptance that exchange of BP must operate by many methods not just through the collection, and that the materials need to be supported by other approaches such as the involvement of Technical Resource Networks
- The view that the use of other methods (e.g. activities in the field) needs to be accelerated
- A belief that the BP initiative is about promoting use of BPs at country, regional and global levels rather than going in search of BP materials for inclusion in the collection; if BP is promoted then materials may emerge
- A belief that BP is about supporting countries in relation to their needs.

This last comment reflects the overriding concern of all interviewed, whether they be in Geneva or recipients of materials across the globe, that best practice materials should be directed to giving practical assistance in response to a real demand for authoritative information.

CHAPTER 7: OVERVIEW AND CONCLUSIONS

The original terms of reference are on page 5 of this report. The overview and conclusions draw on and summarise findings from the preceding chapters to address the terms of reference. For purposes of presenting conclusions the terms of reference have been re-organised as follows:

1. How effective is the BPC in terms of the extent to which it reaches its target audiences?
(From first term of reference)

How is the effectiveness of BPC in reaching target audiences affected by the distribution processes of UNAIDS including use of amplifiers and modes of distribution and the relative allocations of resources to processes of development and dissemination?
(From third term of reference)

2. How effective is the BPC in terms of the extent to which it is understood and appreciated by its target audiences?
(From first term of reference)

3. How effective is the BPC in terms of the extent to which it is used by its target audiences for a variety of purposes that have the potential to contribute to more relevant, effective, efficient, equitable and sustainable responses at all levels?
(From first term of reference)

Are some types of BP materials more effective than others in terms of target group awareness, reach, appreciation and use? Is the use of BP materials more effective in relation to some purposes than others (e.g. use for advocacy versus use for planning)?
(Second term of reference)

To what extent does the BPC complement and add value to other UNAIDS strategies?
(Fourth term of reference)

4. To what extent do the following factors affect the quality, currency and potential usefulness of BP materials:
 - the concept of BP as it is used in relation to the BPC;
 - the processes for identifying, developing/modifying/producing and reviewing materials*(From third term of reference)*

5. Are the current objectives and priorities realistically achievable given available resources including:
 - BP staff resources;
 - other UNAIDS resources and deployment of those resources; and
 - Cosponsor resources and deployment of those resources?*(Fifth term of reference)*

How effective is the BPC in terms of the extent to which it reaches its target audiences?

How is the effectiveness of BPC in reaching target audiences affected by the distribution processes of UNAIDS, including use of amplifiers and modes of distribution and the relative allocations of resources to processes of development and dissemination?

See chapter 4 for detailed findings

UNAIDS reaches a large number of people through its mailing list and most people interviewed have no trouble getting the materials. Most of the interviewees say they pass the materials on to others. While some recipients of materials distributed them to large numbers of people, the multiplier effect for the majority of people contacted was 10 or less and much of the time the distribution is to in-house colleagues rather than to wider audiences. Even so, if this multiplier pattern applied to the full mailing list of approximately 1300 people then it is reasonable to assume that the materials are reaching a considerably larger audience than those to whom UNAIDS sends materials directly.

For purposes of immediate distribution, most distribute materials in print form without adapting them. However there are also many examples of adaptations of the materials for lectures, speeches, presentations and workshops, for other publications and journals, and through dramatisation.

Overall, it can be concluded that UNAIDS approach to using amplifiers to distribute materials is moderately effective. While materials are reaching many members of the target audiences there is much scope for expanded distribution at the country level. It is unlikely that this expansion can be achieved without a significant increase in resources allocated either to UNAIDS in Geneva to expand distribution or to support Information Centres at say regional levels that could operate as a hub for further dissemination of materials with prior translation and adaptation as needed.

The full potential of the amplifying role of those on the mailing list is currently limited by the following:

- The majority are either not aware or only vaguely aware of their expected role as amplifiers. A significant number do not now and may not ever see that role as part of their job.
- The small number of copies provided to amplifiers discourages them from distributing materials further. However even with an increased number of copies there is no guarantee that they would distribute the materials because of the work involved in doing so and perceptions about roles.
- Mostly amplifiers distribute materials selectively rather than use a regular mailing list. Such selective distribution could mean that distribution is better targeted but it could also mean that it is unsystematic and haphazard.
- The languages in which materials are received is a significant impediment for many potential amplifiers. However some translations have been made. Examples were given from Eastern Europe, Latin America, Asia and Sub-Saharan Africa.

Although actual distribution is constrained by these factors, some 80% of respondents say that they take steps to make others aware of the availability of materials. However many interviewees rarely receive requests for the materials.

Various suggestions for improvement were made ranging from additional copies to better in-country dissemination strategies. An analysis of the mailing lists revealed some inefficiencies which if corrected could lead to more effective targeting of the limited resources committed to distribution.

Distribution also occurs in response to requests made to the Information Centre. Most requests come from:

- Western Europe, South and South East Asia, Latin America
- AIDS related institutions, NGOS and AIDS councils
- English (disproportionately more than would be expected given the languages in which documents are available).

There seems to be some scope for marketing the materials to various groups that are not currently requesting the materials. It may be of concern that few requests for materials are coming from Sub-Saharan Africa given the extent of HIV/AIDS in that region. Language in which the materials are produced is clearly a difficulty. But even when materials are produced in multiple languages they are not always requested as often as one might expect. For example, requests for French and Spanish documents are proportionately under-represented amongst the total number of requests. There may be a need to ensure that French and Spanish target audiences are aware of just how many documents are available in their languages. It may also be that, until a critical mass of documents is produced in some of the minority languages, speakers of such languages will not routinely look to UNAIDS for materials. There may be scope for having such translations (in the default languages and in other languages) done by co-operating centres or individuals.

Despite the availability of many materials on the web, recipients still have a strong preference for receiving materials in print form for purposes of distribution. To a large extent their preferences reflect a preference for the print medium in general but some also commented that the UNAIDS web-site in particular needed improvements. It would be a mistake at this stage to depend too heavily on the web as the medium for delivering BP materials.

In summary, some of the issues that might be explored further to improve distribution include:

- the establishment and/or support of country or regional information centres (may be costly);
- working more actively with other in-country and regional networks including Technical Resource Networks, Collaborating Centres and local translation expertise;
- more explicit incorporation of dissemination responsibilities in the terms of reference of CPAs. These responsibilities could include actual distribution and/or identification of interested potential recipients;
- possible greater efficiencies achieved through revising the current mailing lists; and
- targeting higher volumes of materials to those who have a genuine need.

UNAIDS needs to consider whether it is satisfied with the current level of market penetration and, if not, whether it is prepared to make the resource allocations and policy decisions needed to achieve wider distribution of materials.

How effective is the BPC in terms of the extent to which it is understood and appreciated by its target audiences?

See chapter 5 for detailed findings

The evaluation showed that BP materials are of interest to the recipients. Most interviewees professed to read or partially read some or all of the materials they receive depending upon interest at the time. While most could make some comment about the strengths and weaknesses of documents, only some could comment on the whole collection.

In response to an open-ended question about strengths and weaknesses of the collection, more than 30% of potential users *volunteered* each of the following as strengths of the BPC:

- they fill a gap not met by other materials or means (39%)
- they are authoritative, present best practices, gold standards and policy (36%)
- they are technically correct and/or provide technical support (34%)
- they are easy to comprehend, give clear messages, are readable (32%).

When all interviewees were later specifically asked whether the collection adds value to what is available through other means:

- 65% said that to a large extent the materials fill a gap
- 25% said that to some extent the materials fill a gap
- 4% considered that the materials duplicated others already available
- 6% had no opinion.

Overall it can be concluded that those who are on the UNAIDS mailing list find that the BP materials perform an important and useful role not served by other materials. The evaluation findings strongly endorse the value adding role of the BPC.

There were only two features of the BPC that more than 10% of interviewees volunteered as weaknesses and these were that the materials were not relevant or transferable to their situation or needs (26%) and the related weakness that the materials were in the wrong language for their purposes (21%).

In combination with other evidence throughout the evaluation, these findings suggest that the issues of how to facilitate local translations and the development of regionally relevant materials deserve attention from UNAIDS if the potential usefulness of the BPC is to be realised.

Analysis of specific comments concerning strengths, weaknesses and opportunities for improvement showed that no strong trends emerged but that comments related broadly to:

- image, style, and production
- purpose, audiences, uses and value added
- content and quality of the materials

- development, production and dissemination processes.

Interviewees suggested that the BPC could include other materials such as materials targeted to particular populations, different types of materials (e.g. brochures, videos), and additional topics. However, most considered that the collection adequately addresses the range of topics in which they are interested. (See Chapter 5 and Appendices 10 to 13 for details).

Amongst those users who should be the most informed about the BPC (UNAIDS interviewees), many have only a very general understanding of the fact that there are different types of best practice materials in the collection (Technical Updates, Key Materials etc). Only a few interviewees commented on specific strengths and weaknesses of the different *types* of materials. This may reflect the fact that they tend not to differentiate amongst the materials.

Recipients of materials use them for a variety of purposes irrespective of their intended use. While one would not want to dampen enthusiasm for this eclectic use of materials, enhanced use of some materials may be achieved through better guidance on each document about how it might be used. The discipline of preparing such guidance might also encourage authors to be more focused in their preparation of materials. More general guidance not related to any particular document could also be given and might include as an adjunct some of the examples of use reported in the evaluation and from other sources.

How effective is the BPC in terms of the extent to which it is used by its target audiences for a variety of purposes that have the potential to contribute to more relevant, effective, efficient, equitable and sustainable responses at all levels?

Are some types of BP materials more effective than others in terms of target group awareness, reach, appreciation and use? Is the use of BP materials more effective in relation to some purposes than others (e.g. use for advocacy versus use for planning)?

To what extent does the BPC complement and add value to other UNAIDS strategies?

See chapter 6 for detailed findings

The BPC materials are being used to varying degrees by most interviewees to contribute to expanded responses to the epidemic at the levels at which they operate: country, regional or global. Some 82% of those who were specifically asked about use (around 70% of the full sample) reported having used BP materials for one or more purposes and most were able to give examples of use.

Reported purposes of use were:

- to meet requests for information (88% of UNAIDS interviewees),
- for self-education and keeping up to date (84%)
- for awareness raising (82%)
- for advocacy (78%)
- to develop and change policies, plans, programmes or projects (76%)
- for teaching others (72%).

As shown, use of materials to meet requests for information was the most frequently cited use. However, the results show little difference between the most and least frequent types of use of the materials and that the materials were used for many of the desired purposes.

Examples of use are described in chapter 6.

UNAIDS may wish to consider publicising the levels and types of usage of BP materials along with specific examples of use as a reminder and an inspiration to others to use the materials.

Secretariat staff in Geneva and some telephone interviewees reinforced the notion that for BP materials to add maximum value they should be used as part of a wider initiative for exchanging best practices and that there should be a continuing move away from a concentration on producing documents. Others at country level also commented on the importance of using the materials in conjunction with other strategies such as personal advice and workshops.

While most interviewees could comment on how they had used BP materials, they were unsure about what impact those uses had had. Only a small percentage of interviewees could confidently attest to impacts of the use of UNAIDS materials on awareness and commitment (29% of interviewees), actions taken to reduce transmission of HIV/AIDS and STDs (16%) and actions taken to improve care and support (15%).

Not surprisingly, most considered that these types of higher level impacts of use of BP materials were either too difficult to separate from the impacts of other factors or that it was too early to tell what impact they might be having. Nevertheless a few examples were given and these are reported by geographical region in chapter 6 to allow follow-up by UNAIDS.

The full range of materials were cited as having been used although there tended to be more examples of use of Technical Updates and Points of View relative to the number of such publications included in the collection. Moreover, when asked to rate the different types of materials, interviewees rated Technical Updates the most highly. An analysis of sources of materials for inclusion in the collection and processes of reviewing materials suggests that, of all the types of documents, Technical Updates and Points of View are the most likely to conform to the notion that 'best practice' carries an implication of being authoritative.

Technical Updates and Points of View were also the two most frequently requested types of documents relative to the number of publications of that type available. In absolute numbers, Key Materials were the most frequently sought type of publication but there are many more of them available than of the other types of documents.

Amongst Key Materials, the strategic planning documents were frequently cited as having been used for developing or changing policies, plans, programmes and /or projects.

Given the relative popularity of Technical Updates and Points of View, and the demand for more case study and regionally relevant material, UNAIDS may wish to consider whether it should focus its efforts and resources on Technical Updates, Points of View and Case Studies. Redirecting resources to these types of materials may be able to be achieved by adopting a more passive approach in relation to the receipt and incorporation of Key Materials in the collection.

To what extent do the following factors affect the quality, currency and potential usefulness of BP materials:

- **the concept of BP as it is used in relation to the BPC;**
- **the processes for identifying, developing/modifying/producing and reviewing materials**

See chapter 3 for detailed findings

The definition and concept of BP as it is used in relation to the BPC

The definition of BP currently used by UNAIDS is that BP includes anything that works whether fully or in part and that provides useful lessons learnt. The definition reflects a desire to be pragmatic and provide whatever assistance might be available to people at country level in the carriage of their daily work.

However, the definition is a confusing one especially when coupled with the criteria used for identifying 'best practice' as applied to case studies. The confusion gives rise to differences in perceptions and expectations both in Geneva and amongst recipients of materials concerning the status of the documents and the processes by which the quality and relevance of the documents should or have been assured.

The confusion in the definition is replicated by ambivalence in the field (at country and regional levels). On the one hand there is considerable expectation that materials will be authoritative. At the same time there is a strong call for materials and case examples from regions and in relation to topics for which, in practice, there currently are very few 'model' practices or reports of those practices. This reflects a hunger for any material that might assist people at country level and is an endorsement of the current definition.

Clarification and marketing of the concept is required. It may be that the collection needs to differentiate between those materials that are authoritative and those that, while not authoritative, are nevertheless resources that could be used to develop best practice. Development, review and production processes would need to be adapted accordingly (see next section).

Within the Secretariat in Geneva, there are also divergences of opinion about whether the BPC should be

- a) an exhaustive repository of all documents relating to HIV/AIDS such that UNAIDS becomes the main reference point or
- b) a collection that concentrates on those areas in which UNAIDS at a global level can add value or that are global priorities.

A mid-way position that seemed to be preferred by a majority of Geneva based staff was that the BPC should include some information on all significant topics relating to HIV/AIDS (the reference point role). However beyond that, the majority view was that the BPC should address in more depth a smaller number of topics probably relating to global priorities.

A definitional and marketing issue to be resolved is, therefore, whether the BPC is to be a repository for a wide range of materials whose role is to assist with the development of best practices or a collection that is exclusively about best practices. More succinctly, does 'BP' refer to the purpose of the collection or the content of the collection?

One compromise position would be that the collection include two types of clearly distinguishable types of documents:

- a) those that are authoritative and that have been strategically identified and developed to address areas in which UNAIDS has expertise and / or can add value (i.e. BP in content and can also contribute to development of BP) and
- b) another type of document that comes to the attention of UNAIDS for inclusion in the collection as reference material but which is not portrayed as authoritative or necessarily BP in content but which could contribute to the development of BP.

The processes for identifying, developing/modifying/producing and reviewing materials

An analysis of these processes is important for the purposes of identifying opportunities for improvement. It is important, however, that in an evaluation such as this that focuses on usefulness and impact, not to dwell too much on the internal mechanics and frustrations of the development and production of the materials. A management review or internal audit would be better suited to an analysis of mechanics and processes. What is important in an outcomes oriented evaluation is to identify those Geneva based processes that seem to have greatest impact on the usefulness of BPC in the field.

In summary, from the findings of this evaluation such processes would appear to be:

- those processes that facilitate or impede the production of regionally relevant materials and materials in languages appropriate to users;
- those processes that are used to identify which materials are authoritative and which are not; and
- those processes that affect the speed with which materials are produced and disseminated and ensure currency of information.

Identification

UNAIDS draws on a variety of sources for the identification and development of BP materials. However, concerns have been expressed at all levels that the potential usefulness of the BPC may be limited because, according to some, it does not draw sufficiently on knowledge, experience and other publications of Cosponsors and people working at the country level.

Difficulties in drawing on these sources were identified, including the lack of resources to assist people at country level to develop and document best practices and to review and provide feedback on materials. There is a considerable willingness of people working at the country level to become involved as long as their efforts are supported. There was also a view that people working at the country level should be more actively drawn into the process of setting priorities for the further development of BP materials.

An issue for consideration by UNAIDS is whether it should more actively use a framework of possible sources of materials to seek materials and whether it should aspire to obtain a balance across the various sources. A framework might be developed from the chart prepared for this evaluation. This could be amended in the light of further suggestions made by interviewees as included in this report and in the light of clarifications that need to be made concerning whether the term BP refers to the content of the collection, to content and purpose, or primarily to its purpose.

If UNAIDS were to move towards more concentrated development within particular topic areas as part of the process of more strategically developing the collection, then it will need to find ways of ensuring that the interests of some regions are not overlooked. Inter-country teams might, for example, take on responsibility for development of sets of materials that are particularly relevant to their regions or to developing the case study examples for their regions.

UNAIDS may also wish to consider whether it should promote the collection as a physical entity or as a combination of a physical entity consisting primarily of UNAIDS materials and a directory to materials available elsewhere. Work has already commenced on the development of a listing of materials produced by Cosponsors.

Review

There was a general agreement amongst Geneva based staff that review processes are important to ensure the quality and 'gold standard' of the documents included in the BPC. Systematic processes are in place for reviewing and clearing documents, with the most rigorous review processes being applied to Technical Updates and Points of View. Most such documents are reported to have passed through the required clearance processes in terms of having three external reviewers. However, several staff in Geneva expressed concerns about whether the most appropriate people were always involved in the review process.

Several Secretariat staff in Geneva also expressed concerns about the lack of review processes or uncertainty about review processes in relation to materials emanating from the field that become part of the collection as Key Materials. No particular examples were cited that would indicate that there were frequent problems in this regard. Moreover, whether the lack of review processes for such materials is important depends somewhat on the concept of the BPC that UNAIDS adopts.

Any lack of review or poor quality review is a significant concern if the BP documents are held up as authoritative. As long as some materials are to be portrayed as authoritative then review processes will be important for those materials.

If, on the other hand, the BPC or some part of it is thought of as a repository of resources from which users may be able to learn some lessons or draw on for their own purposes, then the process of review of such materials is perhaps less important. Any glaring errors or major editorial problems would however have the potential to reflect poorly on UNAIDS. It may be a matter of assessing whether the extra time and resources and delay involved to make the changes required for a document to become 'excellent' compared with 'good enough', 'good' or even 'very good' can be justified.

Reviewers play an important role in ensuring the quality of BP materials and they also have the potential to impact considerably on the duration of the development process. Hence an issue that needs to be addressed by UNAIDS concerns ensuring that the right reviewers are selected, that they are appropriately briefed concerning their role and processes, and that their role is properly recognised. Proper recognition can be an incentive to participation and can encourage a sense of accountability through greater transparency about reviewers.

There is little post distribution quality control information available. Feedback from the country level concerning the materials would be useful and interviewees expressed a willingness to

provide that feedback. However there are no systematic procedures for routinely obtaining that feedback. A possible format is included in Appendix 9 to this report. Other processes could include revision of documents before new print runs and expert review of documents for continuing currency allowing replacement by more up to date materials as necessary.

An issue for UNAIDS to consider is whether it has the resources and commitment to making better use of quality control processes after materials have been distributed.

Production

Production processes to ensure the quality of documents include the use of a panel of good translators and expertise in a range of areas such as editing and graphic design. Responsiveness and flexibility of the Information Centre allows documents to be changed right up to the last stage of production to respond to new policies, information, perspectives or editorial changes. When interviewees commented on the quality of the documents, their comments were generally positive and there were few instances of adverse comments from interviewees on editorial aspects.

Issues identified as needing to be resolved in relation to production were:

- the absence of clear policy about responsibility for setting priorities, budgets and tracking costs
- absence of policy about such issues as outsourcing and translation of documents and lack of consideration of cost and quality implications;
- dependence on the co-operation of external parties; and
- difficulties arising from having others manage the contracts.

Duration of development and production

It would appear that the development and production of the majority of documents released in 1998 and 1999 has taken more than 12 months with several taking considerably longer than that. In relative terms the development and production times for BP materials appear to compare favourably with some achieved elsewhere in the UN system. However, in absolute terms the development and production times for BP materials are long enough to threaten the extent to which materials are up to date and are delivered to end users in a timely fashion.

Delays in the development and production of materials can have several negative consequences. They can:

- contribute to frustration and potential loss of goodwill amongst contributors and reviewers;
- have flow-on effects where different types of documents on a particular topic are produced in lockstep fashion such that a delay in one (e.g. a Technical Update) leads to a delay in another (e.g. a Point of View); and
- pose threats to the currency of the documents and therefore the extent to which they can be authoritative. Currency of documents is also threatened by the fact that there are no systematic processes for reviewing the collection to determine whether some materials are out of date and should be removed or policy positions rescinded.

The main contributor to the development of materials has been the clearance process (especially review). With respect to review, virtually all documents have many re-drafts (several had more than 10) generally of a minor editorial variety rather than a major re-write. Several other factors contributing to delays in the clearance process are included in the report. There is a need to ensure that all the review and clearance processes really do add quality and value to the end

product in a way that compensates for the delay in getting the materials to the end users. Clearance processes were simplified in relation to some types of documents at the end of 1997 but delays are still sometimes quite long, though possibly shorter than before.

Delays in desk top publishing have been a major though not the only contributor to delays in production after clearance. Steps are being taken to overcome delays related to desktop publishing. Moreover most documents are produced in less than the 14 week standard period used by other UN agencies and there are examples of the production of materials being fast tracked when there is a pressing demand for a document, including publishing simultaneously in English, French and Spanish. In addition the Manager of the Information Centre reports that a better system for tracking documents has now been put in place.

Continuing reduction in the duration of the process of development of materials is clearly a real issue that needs to be addressed by UNAIDS. In addition to continuing to foster up-front quality management processes UNAIDS may need to consider whether it is prepared to compromise some aspects of quality in the interests of making more material accessible and making it accessible more quickly. The policy decision concerning the use of the term 'BP' to refer to the content of the collection or the purpose of the collection will have a bearing on the types of compromises that can be countenanced.

Are the current objectives and priorities realistically achievable given available resources including:

- BP staff resources;
- other UNAIDS resources and deployment of those resources; and
- Cosponsor resources and deployment of those resources?

See chapter 3 and throughout the report

A full analysis of resources allocated and required was outside the scope of this evaluation. This terms of reference can only be addressed by implication from the findings. The views expressed below are therefore the evaluator's conclusions on the basis of the limited information available.

Lack of clear accountability for resources associated with the development and distribution of best practice materials was identified as a problem by some interviewees. If this is the case then there is little pressure to identify priorities for development, production (including translation) and distribution of materials. This makes it very difficult to know what the priorities are, how well they are being met and whether resources could be more appropriately deployed. It is quite possible that the collection is largely driven by reactive responses to immediate needs or by interests of particular staff. Policy and strategy development for the BPC including the establishment of clear objectives and priorities would appear to be a pressing need.

It would appear that current resources within the Secretariat place a number of limitations on the effectiveness of the BP collection. At the stage of developing the materials, limitations arise from the difficulties that responsible staff members and clearance group members have in devoting the time required to ensure high quality materials in a timely manner.

There is also a question as to whether both efficiency and effectiveness of the review process may be limited by the use of inappropriate staff resources from within the Secretariat. It was suggested by a number of interviewees that staff members are sometimes called upon to review

materials of whose subject matter they have only a fairly superficial knowledge. More extensive use of subject matter experts beyond UNAIDS (through Technical Resource Networks etc) may make more effective and efficient use of resources. Due acknowledgement should be given to any such external reviewers as an incentive to participate.

There have also been several accounts both from Geneva staff and interviewees at country level of situations in which the development of materials suggested from the country level has not been able to proceed because of lack of resources. Rightly or wrongly, people in the field look to Geneva as a source of funds for developing materials that will eventually become part of the global collection. If they are refused too often it is likely that enthusiasm will wane.

If UNAIDS Geneva does not have the resources required to actively encourage the development of materials at country level and cannot persuade others at regional or country level to mobilise resources then it will have to be satisfied with a more reactive role, taking whatever is produced. This could make it difficult to take a strategic approach to the development of the collection to ensure that all important topics are addressed to optimal breadth and depth.

As part of the process of formulating policy and strategic direction for the BPC, UNAIDS may need to consider the extent to which it is prepared to allocate resources to in-country development of materials and to thereby make better use of external sources of expertise and experience.

However, there is scope for more efficient use of resources through better co-operation with Cosponsors and other partners and there is a pervasive view that Cosponsors and other partners at all levels should be more actively involved. Issues raised were that:

- If the Secretariat had better information about materials already available from and through Cosponsors then it seems likely both that the collection could be expanded and that there would be less likelihood of duplication of existing materials. It is a primary role of UNAIDS to co-ordinate the global efforts in relation to HIV/ AIDS. The compilation of a data base and possibly even of a library of hard copy (with potential for reproduction) of all available materials would seem to fall well within its brief. It is understood that the Manager of the Information Centre is compiling a data base of Cosponsor materials but that resource, storage and staff limitations make it unlikely that the 'library' option will be feasible.
- Issues of ownership of materials and acknowledgement of source of documents will need to be resolved in such a way as to provide incentive to Cosponsors to identify and 'donate' materials to the collection or collaborate in the development of joint publications. Without the resolution of such issues it seems likely that it will be difficult for UNAIDS to be able to identify such materials.
- The Secretariat will also need to assess whether its current approaches to reviewing materials are a disincentive to Cosponsors and others to contribute materials. Once again the concept of the Best Practice Collection needs to be reviewed with consideration given to the possible deliberate and explicit partitioning of the collection into authoritative materials on the one hand and resource materials on the other hand.

At the distribution stage there is no doubt that distribution to end users is being limited in part by the number of copies sent to amplifiers. Limited distribution constrains effectiveness and

return on the investment applied to the development and production of the materials. Expanded distribution is unlikely to occur without intensified marketing, provision of more copies as required and support for adaptation and translation to address regional or country needs. It may be that the resources of Cosponsors in regions could be better tapped to establish regional or sub-regional information centres to undertake this work. The existence of such information centres would in all probability raise the profile of UNAIDS inter-country teams and regional advisors of Cosponsors working on HIV/AIDS related issues and could give a tangible reference point for their activities.

An overall conclusion is that there is currently a policy vacuum with respect to BPC development and production, including lack of clarity about the specific value to be added by the BPC, priorities for development, responsibilities and systems (budgetary and other), and performance standards.

Within the Secretariat, there is also a lack of familiarity with the BPC and a lack of understanding and ownership of the BPC.

The current vacuum and lack of commitment affects the ways in which BP materials are identified, developed, reviewed, produced and distributed. Both issues need to be resolved in order to progress the strategic development of the BPC and optimise utilisation of resources.